

FIRE SYSTEM OUT OF SERVICE

In accordance with the National Fire Protection Association (NFPA) code, Vector Security must notify the authority having jurisdiction when sprinkler systems or other fire suppression system(s) or equipment have been wholly or partially out of service for 8 hours or more.

According to NFPA, if you have a required fire alarm or sprinkler system which is out of service, *you must also notify the authority having jurisdiction (AHJ)* to determine whether the building should be evacuated or an approved fire watch shall be provided until the system has been returned to service.

Authority having jurisdiction (AHJ): The organization, office or individual responsible for approving equipment, and installation or a procedure. The Authority Having Jurisdiction may be (but is not limited to) a federal, state or local department or individual such as a fire chief, fire marshal, fire prevention bureau, building official, electrical inspector or others having statutory authority.

Approved fire watch: A person(s) assigned to be in an area for the express purpose of notifying the fire department of an emergency, preventing a fire from occurring, extinguishing small fires, or protecting the public from fire of life safety dangers. A fire watch must be of a type acceptable to the authority having jurisdiction.

Fire alarm system: A system or portion of a combination system consisting of components and circuits arranged to monitor and annunciate the status of fire alarm or supervisory signal initiating devices and to initiate the appropriate response to those signals.

Site Name _____

Store #: _____

Site Address: _____

I, _____ am requesting that the (Please check all appropriate boxes)

___ ONLY FIRE ZONE(S) LISTED: _____

List all zones/points to be placed on test

___ ENTIRE FIRE SYSTEM

Test Start Date: _____ (mm/dd/yyyy) Test Start Time: _____ ☐ AM ☐ PM

Test End Date: _____ (mm/dd/yyyy) Test End Time: _____ ☐ AM ☐ PM

I am aware and agree to comply with NFPA code stated above.

Signature: _____

Date: _____

Note: If used as a form and sent via e-mail the e-mail sender address is considered the signature.

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Fax: 800-926-7112

Email: wcentral@vectorsecurity.com