



**Fayetteville Fire Marshal 's Office**  
**General Contractor Pre-Inspection Worksheet**

Date: \_\_\_/\_\_\_/\_\_\_      \_\_\_ New Facility      \_\_\_ Remodel

**DBA Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupancy Classification: \_\_\_\_\_

**General Contractor Information**

Responsible Party: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Permit Number(s): \_\_\_\_\_

**Life Safety and Fire Protection Equipment Pre - Inspection Information**

NA \*Fire Alarm Pre - Inspection: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_

NA \*Sprinkler Pre - Inspection: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_

NA \*Hydro Pressure Test: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_

NA \*Hood Suppression Pre - Inspection: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_

NA \*Fire Extinguisher Installed: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_

NA \*Fire Lanes Properly Marked and Maintained: Yes\_\_\_ No\_\_\_

NA \*Emergency and Exit lighting Installed \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_

NA \*Knox Box Installed: Yes\_\_\_ No\_\_\_ Ordered: Yes\_\_\_ No\_\_\_

Knox Box location: \_\_\_\_\_

NA \*FDC - 5 inch Storz Installed: Yes\_\_\_ NO\_\_\_ FDC Signage in Place: Yes\_\_\_ No\_\_\_

*\*Per currently Adopted: IFC, NFPA 13, NFPA 72, NFPA 17 & 17 A, and NFPA 96.*

All fire protection/suppression/detection systems must be tested in accordance with requirements set forth by applicable codes and the City of Fayetteville Fire Marshal's Office prior to scheduling final inspection.

**I hereby certify all above information is correct and has been verified and completed by the responsible parties.**

General Contractor/responsible Party: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

SIGN

Please submit completed form to: [firemarshal@fayetteville-ar.gov](mailto:firemarshal@fayetteville-ar.gov)