FIRE SPRINKLER SYSTEM CONTRACTOR DEFICIENCY

This form is intended to assist in documenting what you, the plans reviewer, the inspector, and/or fire sprinkler system contractor may consider to be deficiencies in design, installation, and/or testing/maintenance work performed by a licensed fire sprinkler contractor. This form may be reproduced as necessary.

Please fill out both sides of this form as completely as possible and submit it to this agency at the above address.

Date: ____________________ From: ____________________________________________
(Reporting Agency/Company)

Contractor Involved

Name: ________________________

Washington State Contractor’s Business License Number: ____________________________

Certificate Of Competency Holder Involved

Name: ________________________ Certification Number: ____________

Project Information

Name of Project: ____________________________

Address or Location: _____________________________________________

City: ____________________________ State: WA Zip Code: ____________

Plans Drawn By: ____________________________ Date Drawn: ____________________________

Type of Project: ____________________________________________
(Apartment Building, Single Family Dwelling, Office, Retail Store)

Type of System:  

☐ NFPA 13 D  ☐ NFPA 13 R  ☐ NFPA 13

(OVER)
Plans for this project were submitted for approval on ________________ , 20 ____ .

Please indicate the applicable city and/or county ordinances and codes or list the deficiencies in design and/or workmanship observed.

(Attach additional pages if necessary)

Signature: __________________________________________________________

Name: _______________________________ Title: _______________________________

(Please Print)

Please submit this form and any attachments as soon as possible after the deficiency was discovered.

NOTE: A copy of this document will be forwarded to the companies and involved individuals.