



TOWN OF OCEAN CITY - OFFICE OF THE FIRE MARSHAL

P.O. Box 158 Ocean City, MD 21843

Phone # 410-289-8780 Fax # 410-289-8767

CERTIFICATE OF INSPECTION

Sprinkler System

- Annual Certificate of Inspection in Accordance with NFPA 25
- Non-Annual Certificate of Inspection in Accordance with NFPA 25

Deficiencies: YES NO

Is system provided with a fire pump?: YES NO Fire pump test date: _____

Protected Property:

Building Name: _____ Exact Physical Address: _____
 Contact Person: _____ Bill To: _____
 Contact Phone #: _____ Billing Address: _____

Sprinkler System Testing Company:

Inspector/Technician: _____ Company: _____
 Phone Number: _____ Address: _____
 Date System Tested: _____

Sprinkler System Owner's Notification:

The owner and/or the owner's representative of the system was notified on _____ of all deficiencies?

**PRIOR TO TESTING, OCEAN CITY COMMUNICATIONS SHALL BE NOTIFIED!
PHONE # 410-723-6620**

(Failure to do so will result in the full provisions of the Town of Ocean City Fire Prevention and Protection Code to be invoked.)

Dispatcher Name/Number: _____ Time: _____

System Type(s): Wet Sprinkler Dry Sprinkler Pre-Action Deluge Water Spray Other

System Monitoring:

Is this system monitored off site? Yes No Have appropriate authorities been notified prior to testing? Yes No

If yes, provide name, location, and phone number of monitoring station: _____

Deficiencies Identified During Inspection:

- System out of Service/ Impaired
- Unprotected Areas
- Closed Control Valve
- Dry Pipe System Tripped
- FDC Obstructions
- Fire Pump / Jockey Pump Inoperative
- Improper Design of Sprinkler System
- Quick Opening Device Inoperative
- FDC Sign Obstructed or Missing
- Other Comment Below

Comments / Deficiency Description: (Attach an "Additional Information Form" if more room is needed.)

FOR INTERNAL USE ONLY:

Data Entry Date: _____ FM Assigned: _____ Date FM Assigned: _____ Date Inspected/Contacted: _____
 No Deficiencies Found Deficiencies Verified
 QV #: _____ Date of Violation: _____ Date of Compliance: _____

****THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS FROM THE DATE OF INSPECTION TO THE OCEAN CITY FIRE MARSHALS OFFICE ****