



**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  
FIRE ALARM SYSTEM**

- Annual Certificate of Inspection in Accordance with NFPA 72
- Non-Annual Certificate of Inspection in Accordance with NFPA 72

Deficiencies:  YES  NO

**Protected Property:**

Building Name: \_\_\_\_\_

Exact Physical Address: \_\_\_\_\_

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

Bill To: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Billing Information: \_\_\_\_\_

**Fire Alarm Testing Company:**

Inspector/Technician: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date System Tested: \_\_\_\_\_

Fire Alarm License #: \_\_\_\_\_

**Fire Alarm 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 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:**

- |   |  |
|---|--|
| <input type="checkbox"/> System Out of Service                      | <input type="checkbox"/> More than 10% of Initiating Devices Failed                              |
| <input type="checkbox"/> Unprotected Residential Enclosed Corridors | <input type="checkbox"/> More than 10% of Notification Devices Failed                            |
| <input type="checkbox"/> FACP in Alarm or Trouble                   | <input type="checkbox"/> Fire Alarm System Failed to Activate a Fire Protection System or Device |
| <input type="checkbox"/> System Monitoring Out of Service           | <input type="checkbox"/> Voice Evacuation System Out Of Service                                  |
| <input type="checkbox"/> Other: List Below                          |  |

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

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**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 \*\***