



Fire Alarm Monitoring Request

Department of Public Safety DISPATCH CENTER (951) 770-2610			
<i>***Instructions for completing form on page 2***</i>			
Location:		Date Submitted:	
Contractor:		Phone:	
Requested by:		Email:	
Start Time & Date:		End Time & Date:	
Fire Permit #:		Building Permit#:	
Work on Fire Protection System(s): <input type="checkbox"/> ITM <input type="checkbox"/> Repair <input type="checkbox"/> TI (Fire Permit Required)			
DETAILED DESCRIPTION OF WORK / EVENT			
WORKERS ON SITE			
Name	Company/Title	Cell Phone#	Office Phone #
REQUIRED NOTIFICATIONS			
Department	Person(s) Contacted	Date*	
Pechanga Fire Dept.	PFD-FCRRequest@pechanga-nsn.gov		
PRC Public Safety	PRC_FireAlarmMonitoringRequest@pechanga.com		
PRC Facilities	prcfirecontrol@pechanga.com		
<i>If audible and visual alarms are required, list areas affected</i>			
Notes (DPS use only):			

*****Call 951-770-2610 to confirm fire alarm is in TEST prior to start of work/event*****

FIRE ALARM MONITORING REQUEST FORM - INSTRUCTIONS

The following information must be included on the Fire Alarm Monitoring Request form.

Location:

Describe the exact location of work to be performed, using room name or numbers, floor level, along with a general description of the area.

Date:

Provide the date the request is submitted.

Contractor:

Provide the name of the contractor's company or PRC department.

Phone:

Provide the phone number of the person submitting requesting.

Requested By:

Provide the name of the person submitting request.

E-mail:

Provide the e-mail for person submitting requesting.

Start Time and Date:

Provide the date and time the work is scheduled to begin that requires the fire alarm system to be placed in test.

End Time and Date:

Provide the date and time the work is scheduled to end. For multiple dates interrupted by periods where the system is not in test, complete a separate form.

Fire Permit #:

Provide permit number issued by fire department (if applicable) for construction or operation requiring the fire alarm to be monitored. A fire permit is required for tenant improvements/modifications and installations of all fire protection systems.

Building Permit #:

Provide permit number issued by building official (if applicable) for construction.

Fire Protection Systems:

For work on fire protection systems, mark type of work being performed: ITM (inspection, test, maintenance), Repair, or TI (tenant improvement/modification).

Detailed Description of Work / Event:

Provide detailed information of the location and nature of the work or event to be performed while the system is in test. Details for impairments of fire protection systems shall be sufficient to comply with CFC 901.7.2 – 901.7.4.

Workers on Site:

Provide names and contact information for key workers on site. These workers will be contacted in the event of an alarm activation, so it is important that cellular telephone numbers are provided.

Authorization to Perform Work:

Email this completed form to the primary contacts provided as well as the specific PRC employee responsible for work / event described. Include the date of notification if different than date submitted. Submitting this form to the entities listed shall serve as notification to fire department and others required by CFC 901.7.4.

If Audible and Visual Alarms are Required:

If audible alarms are necessary, list the areas affected. Occupants shall be notified by posting approved signs in public and employee entrances at least 1 hour prior to alarm. Live announcement shall be made immediately before and after alarm.