



# PECHANGA FIRE DEPARTMENT

## Fire Alarm Monitoring Request - PTG

### Fire Station No. 1

48240 Pechanga Road - Temecula CA 92592

Ph(951)770-6001 / Fax(951)694-0449

**\*\* (Instructions for completing this form on next page) \*\***

Location:		Date Submitted:	
Contractor:		Phone:	
Requested By:		E-mail:	
Start Time & Date:		End Time & Date:	
Fire Permit #		Building Permit #	

Fire Protection System(s):  ITM  Repair  TI (Fire Permit Required)  Event

### Detailed Description of Work / Event


### Workers On Site

Name	Classification	Contact Phone (cell)	Office/Supervisor Phone

### Authorization to Perform Work

Department	Person Contacted	Date
Pechanga Fire Department	<a href="mailto:PFDFCRRequest@pechanga-nsn.gov">PFDFCRRequest@pechanga-nsn.gov</a>	
Ranger Dispatch	<a href="mailto:dispatch@pechanga-nsn.gov">dispatch@pechanga-nsn.gov</a>	
PTG Facilities	<a href="mailto:amares@pechanga-nsn.gov">amares@pechanga-nsn.gov</a>	

If fire alarm paging is required, list all areas to receive page (attach Disruption Report if applicable).

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### Fire Alarm Staff Assigned (Fire Department Use Only)

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**CALL PTR Dispatch AT (951) 770-6196 TO CONFIRM FIRE ALARM IS IN TEST PRIOR TO WORK / EVENT STARTING**

## **FIRE ALARM MONITORING REQUEST FORM - INSTRUCTIONS**

The following information is required prior to submitting the Fire Alarm Monitoring Request form.

**Location:**

Describe the exact location of work/event to be performed, using room numbers if available.

**Date:**

Indicate the date the request is originated.

**Contractor:**

Provide the contractor's company name if applicable.

**Phone:**

Provide the phone number of the person requesting.

**Requested By:**

Provide the name of the person completing the request.

**E-mail:** Provide the e-mail for person requesting.

**Start Time and Date:**

Provide the date and time of the beginning of the work needing the system to be placed in test.

**End Time and Date:**

Provide the time and date the services are no longer needed. For multiple dates interrupted by periods where the system is not in test, complete a separate form.

**Fire Protection Systems:** Mark type of work being performed: ITM (inspection, testing, maintenance), repair, TI (tenant improvement).

**Detailed Description of Work / Event:**

Provide detailed information of the location and nature of the work / event to be performed while the system is in test.

**Workers on Site:**

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

**Authorization to Perform Work:** Email this completed form to the primary contacts listed as well as the specific PTG employee responsible for work / event. Include the date of notification if different than date submitted.

**If Fire Alarm Paging is Required:**

If audible alarms will be necessary during the work performed, list the areas affected. Advance notification is imperative if audible alarms will affect the normal business of the occupancy.

**If Fire Alarm Panel Needs to be In "Bypass":**

During normal business hours, PTG Facilities will be the primary contact for placing the affected panel in bypass. PFD will be the alternate contact during after hours needs.