



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 Protection System(s):	<input type="checkbox"/> ITM	<input type="checkbox"/> Repair <input type="checkbox"/> TI <input type="checkbox"/> 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	PFD-FCRRequest@pechanga-nsn.gov	
Ranger Dispatch	dispatch@pechanga-nsn.gov	
PTG Facilities	amares@pechanga-nsn.gov	

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

Fire Alarm Staff Assigned (Fire Department Use Only)

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.