



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 |

Detailed Description of Work / Event

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Workers On Site

| Name | Classification | Contact Phone (cell) | Office/Supervisor Phone |
|------|----------------|----------------------|-------------------------|
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| | | | |
| | | | |

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 | |
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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 PECHANGA FIRE DEPT. AT (951) 770-6001 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 to be performed, using room numbers if available.

Date:

Indicate the date the request is originated.

Contractor:

Provide the contractor's company name.

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 workers 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.