



**TECHNICAL SERVICES
QUALITY ASSURANCE PROGRAM**



FIRE PROTECTION SYSTEM COMPLAINT FORM

<input type="checkbox"/> Fire Company Complaint		DATE:		TIME:	
PROPERTY NAME:			OCCUPANCY/USE:		
STREET ADDRESS:		CITY:		FIRE DISTRICT:	
COMPLAINANT'S NAME:			PHONE NUMBER:		

FIRE PROTECTION SYSTEM TYPE:

LOCATION:		SYSTEM ID#:	
<input type="checkbox"/> FIRE ALARM <input type="checkbox"/> SPRINKLER <input type="checkbox"/> HOOD SUPPRESSION <input type="checkbox"/> SPECIAL HAZARD <input type="checkbox"/> STANDPIPE			
SYSTEM MONITORED OFF SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO			

NATURE OF COMPLAINT:	
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<input type="checkbox"/> SYSTEM SHUT-OFF <input type="checkbox"/> FALSE ALARMS <input type="checkbox"/> IMPAIRMENT <input type="checkbox"/> OVERDUE INSPECTION <input type="checkbox"/> OTHER

EXPLAIN:	
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<input type="checkbox"/> FALSE ALARMS CAUSED BY CONTRACTORS

NAME OF CONTRACTOR:	
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COMMENTS:	
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CONCLUSION/REPORT TO FIRE CHIEF:

<input type="checkbox"/> CONDITION UNFOUNDED <input type="checkbox"/> CONDITION CORRECTED <input type="checkbox"/> PENDING CORRECTIVE ACTION
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ASSIGNMENT & INSPECTION HISTORY

FOR INTERNAL USE ONLY:		Incident #:	
Data Entry Date: _____	Date Received By T.S. Manager: _____	FM Assigned: _____	Date FM Assigned: _____
Date Inspected: _____			
<input type="checkbox"/> NO MAJOR DEFICIENCIES FOUND <input type="checkbox"/> MAJOR DEFICIENCIES FOUND: _____ <input type="checkbox"/> MAJOR DEFICIENCIES VERIFIED: _____			
DATE NOV ISSUED: _____ COMPLIANCE DATE: _____ 1 ST EXTENSION DATE: _____			
2 ND EXTENSION & APPROVAL DATE: _____			
DATE OF COMPLIANCE: _____ DATE FORWARDED TO T.S. MANAGER: _____ DATE FORWARDED TO OPERATIONS: _____			
BY _____			
DATE FWD TO CHIEF T/S: _____ DATE CONTRACTOR CONTACTED: _____ ACTION TAKEN: <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> OTHER			
<input type="checkbox"/> SEE ATTACHED			

DIRECTIONS FOR COMPLETEING THE FIRE PROTECTION SYSTEM COMPLAINT FORM

1. The first section deals with property address and use information. Fill-out all the information blocks if possible. Please include the date and time the complaint is being initiated, the fire district, and company officer and phone number in the complainant's name and phone number block.
2. The second section identifies the location and type of fire protection system the complaint is being initiated against. It also asks if the fire protection system is monitored off-site.
3. The third section identifies the most common reasons for a system complaint to choose from. Use the "other" block for a condition not listed, and provide a brief comment in the area below.
4. The forth block is to report contractor caused false alarms due to system testing, inspection, and maintenance activities. Please be sure to indicate the name of the fire protection company responsible for causing the false alarm.
5. All other areas of the form are for State Fire Marshal Office use only. Please refrain from using these areas of the form.

DIRECTIONS FOR SUBMITTING THE FORM

1. Fill-out the attached "Fire Protection System Complaint Form", and
 - a. Fax it to our Dover Office at (302)739-3696, Sussex (302)856-5800, New Castle (302)323-5366
or
 - b. Give it to a Deputy State Fire Marshal (if response is made), or
 - c. Drop it off at any of our offices.

or
2. Call in the complaint to any of our offices.
 - a. New Castle County: 323-5365
 - b. Kent County: 739-4394
 - c. Sussex County: 856-5298

or
3. Email the complaint to: qap.techservices@state.de.us