



# FIRE PROTECTION INSPECTION REQUEST AND PRE-TEST VERIFICATION FORM

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Fire Marshal

El Paso Fire Department – Fire Plan Review & Construction Management  
Phone: (915) 541-4132

**\*\* FOR EL PASO FIRE DEPARTMENT INSPECTORS USE ONLY \*\***

Inspection Details Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Inspector: \_\_\_\_\_

Regular / Expedited / Overtime Invoice #: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
(Circle One)

**EMAIL INSPECTION REQUESTS TO: ([FD-FPDPlanReview@elpasotexas.gov](mailto:FD-FPDPlanReview@elpasotexas.gov))**.

All emailed inspection requests must be received by our office no later than **9:00 a.m.**

Inspections are normally scheduled for the next working day. Inspections may be postponed based on inspection workload.

Requests received after **9:00 a.m.** will normally be scheduled for two (2) working days after the request is received.

An email confirming each Inspector's "estimated arrival time" will be provided by our office at approximately **4:00 p.m.** one (1) day prior to the scheduled inspection. **All fees attached to the permit card must be paid prior to the inspection being scheduled.**

**Inspection cancellations must be received by email (only) before 9:00 a.m. the day of the inspection.**

**A re-inspection fee will be assessed for all late cancellation requests received after 9:00 a.m.**

Inspection Date Requested (If Available): \_\_\_\_\_ Preferred Time of Day:  Morning  Afternoon

Next Available (Regular Business Hours)  Expedited  Overtime at (Specific Time): \_\_\_\_\_

Permit Number: \_\_\_\_\_

Type of Inspection:  Fire Alarm  Fire Sprinkler  Fire Suppression System  Hydrostatic Test

Aboveground  Underground  Fire Hydrant  Paint Booth  Other: \_\_\_\_\_

Number of Fire Alarm Devices or Sprinkler Heads Installed: \_\_\_\_\_ New System:  Yes  No

Company Requesting Inspection: \_\_\_\_\_

Name of Contact Person (Print): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address for Confirmation: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Site Address / Suite Number: \_\_\_\_\_

\*\*\*\*\* **FIRE PROTECTION SYSTEM PRE-TEST VERIFICATION** \*\*\*\*\*

Fire Protection System Tested by (Print Name): \_\_\_\_\_ Test Date: \_\_\_\_\_

Signature: \_\_\_\_\_ State License Number(s): \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

**FIRE PROTECTION SYSTEM INSPECTIONS WILL NOT BE SCHEDULED UNTIL ALL INFORMATION IS PROVIDED IN THE PRE-TEST VERIFICATION SECTION**

**NOTICE:** Completing this inspection request form certifies and confirms the installed fire protection system was **100%** pre-tested and installation was completed in accordance with City approved plans, all applicable codes, standards, and manufacturer's specifications. Improperly installed fire protection systems and systems without a pre-test verification will not be inspected and may result in an automatic re-inspection fee and/or rescheduling delays.

**\* ALL FIRE PROTECTION SYSTEMS INCLUDING HYDROSTATIC TESTS MUST BE 100% PRE-TESTED BY THE LICENSED CONTRACTOR \***