

# Oklahoma City Fire Marshal's Office General Contractor

## Pre-Inspection Worksheet

Date: \_\_\_\_\_  New Facility  Remodel

### DBA Information

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Number of Facility Buildings/Structures/Units: \_\_\_\_\_ **Occupancy Classification** \_\_\_\_\_

### General Contractor Information

Responsible Party: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Permit Numbers: Bldc: 20 -- -- Firs: 20 -- -- Fira: 20 -- -- Firh: 20 -- --

### Fire Protection Equipment Pre - Inspection Information

NA \* Fire Alarm Pre - Inspection: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_  
NA \*Sprinkler Pre - Inspection: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_  
NA \*Hood Suppression Pre - Inspection: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_  
NA \*Fire Pump Pre - Inspection: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_  
NA \*Fire Extinguishers Installed: \_\_\_/\_\_\_/\_\_\_ Company \_\_\_\_\_  
NA \*Fire Lanes Properly Marked and Maintained: YES \_\_\_ NO \_\_\_  
\*Knox Box Installed: YES \_\_\_ NO \_\_\_ NA \_\_\_ Ordered: YES \_\_\_ NO \_\_\_  
Knox Box Location: \_\_\_\_\_

F. D. C. - 4" Stortz: YES \_\_\_ F. D. C. - 2 1/2": YES \_\_\_ Locking FDC Knox Cap Installed: YES \_\_\_ NO \_\_\_

**\*Per currently adopted IFC and NFPA 13, NFPA 72, NFPA 17 & 17A and NFPA 96.**

All fire protection/suppression/detection systems must be tested in accordance with requirements set forth by applicable codes and the City of Oklahoma City's Fire Marshal's office **prior to scheduling final inspection.**

**I certify all above information is correct and has been verified and completed by the responsible parties.**

General Contractor/Responsible Party: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Sign

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