



# FIRE PROTECTION INSPECTION REQUEST AND PRE-TEST VERIFICATION FORM

El Paso Fire Department – Fire Plan Review Construction Code Compliance

Phone: (915) 212-1635

## \*\* 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 a.m. one business day prior to be considered for the following day's inspection schedule. While inspections are typically scheduled for the next business day, they may be postponed based on workload. Our office will email an estimated arrival time for each inspector by the end of the business day prior to the scheduled inspection. Additionally, all fees listed on the permit must be paid by 12 p.m. for the inspection to be scheduled.

The permit card and an approved set of plans must be on-site prior to the scheduled inspection. Plans not in inspection status or placed on hold for corrections will not be scheduled for inspections. All pending fees must be paid before scheduling.

**Inspection cancellation requests must be submitted by email before 8:00 p.m. on the day prior to the scheduled inspection. Cancellations received after 8:00 p.m. the day before the inspection will automatically incur a re-inspection fee.**

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 Fire Bldg Final 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: \_\_\_\_\_

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

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

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

## \*\*\*\*\* FOR FIRE PROTECTION SYSTEM CONTRACTOR ONLY \*\*\*\*\*

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 MUST BE 100% PRE-TESTED BY THE LICENSED CONTRACTOR \*