

**SOUTH KINGSTOWN COMMUNICATIONS DEPARTMENT
FIRE ALARM SYSTEM INSPECTION SHEET**

**CAD PREP
BUILDING INFORMATION SHEET**

SITE INFORMATION	
Name:	TEL:
Address:	South Kingstown, RI
Plat / Lot	Fire District: <input type="checkbox"/> Union <input type="checkbox"/> Kingston
OWNER INFORMATION	
Name:	TEL:
Address:	City/State
E-MAIL	
EMERGENCY CONTACTS	
Name:	TEL/CELL:
E-MAIL	
Name:	TEL/CELL:
E-MAIL	
Name:	TEL/CELL:
E-MAIL	
FIRE ALARM TESTING & MAINTENANCE COMPANY	
Name:	24° TEL:
SITE INFORMATION	
FACU Manufacturer:	Model:
FACP Location:	AC Feed Location:
Battery Location:	EAS Box Location:
Automatic Sprinklers: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Standpipe <input type="checkbox"/> Hose Cabinets <input type="checkbox"/> Fire Pump	
Inspector's Test Location:	
Shutoff Location:	
FDC Location:	
Electric Service Location:	
Emergency Generator Location:	
Gas Shut-off Location:	
Water Shut-off Location:	
Master Box location:	

SK Box #: _____ Local Master

Date: