

This box is for the West Metro Fire review stamp.

West Metro Fire Protection District

No Work Required Conformance Form

- A project that does not appear to need alterations and/or modifications to the Life Safety System(s) must be attested to using this form. (A separate form shall be used for each Life Safety System.) Or you can provide this information on a letterhead document. If providing your own letter, it still needs to provide and conform to the information below.
- The System's compliance with the appropriately adopted code, as amended, will need to be verified during a physical inspection of the project site by an appropriately trained and certified design contractor who will be responsible for the accurate completion of this form.
- The inspection shall occur after the construction is completed and before the final inspection by West Metro is scheduled in case changes were made to the original plans.
- **The person doing the inspection and signing this form must be the same person and be at least NICET III certified for the system being inspected or an engineer with life safety design experience.**
- **Provide a copy of the most current System Record of Inspection and Testing for this building system.**

1. Type of System (Please check one): Fire Alarm Fire Sprinkler Other: _____

2. Project Name: _____

3. Project Address: _____
Address Suite City Zip Code

4. General Contractor: _____ (____) _____ - _____
Company Name Contact Person Phone Number

5. The applicable Code(s) and Standard(s) being used for assessment of compliance:
IFC _____ NFPA 72 _____ NFPA 13 _____ Other _____
(Year) (Year) (Year)

6. The age of the system: _____

7. All components are located per applicable/current code and standard requirements: Yes No

8. All components are present, clean, non-damaged and functional: Yes No

9. All components are appropriately unobstructed: Yes No

10. Date of inspection: ___/___/_____

11. Full name of inspector(Printed legibly): _____

12. Company name: _____ Phone number: (____) _____ - _____

13. Inspector's Certification: Type _____ Number _____ Expiration Date ___/___/_____

14. Signature of the inspector: _____ Date: ___/___/_____

****Email completed form and System Record of Inspection & Testing to inspections@westmetrofire.org for approval prior to requesting a final inspection.****