

# 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.)
- 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](mailto:inspections@westmetrofire.org) for approval prior to requesting a final inspection.\*\***