



FP-021

# The Commonwealth of Massachusetts

## DEPARTMENT OF FIRE SERVICES

### Water-Based Fire Protection Inspection, Testing and Maintenance Annual Inspection Form 527 CMR 40



Pursuant to 527 CMR 40, *Inspection, Testing and Maintenance (ITM) of Water-Based Fire Protection Systems*, on an annual basis on a written request of the head of the fire department the property owner shall transmit, a written report (*this form*) relative to the inspection, testing and maintenance activity required by 527 CMR 40. All information must be typed or neatly printed. **All fields must be completed or the Annual Inspection Form will be returned.** A separate **Annual Inspection Form** shall be submitted for each individual address. Inspection records shall be kept on site in accordance with NFPA 25 section 4.3 for review by the AHJ.

A city or town may accept electronic transmission of such information, in lieu of using this form, after approval by the Marshal.

#### Business/Site Information:

Business name: \_\_\_\_\_

Street address: \_\_\_\_\_

Person principally in charge of the property: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact name's e-mail address: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

#### Corporate Information:

Same information as in Business/Site above

Business name: \_\_\_\_\_

Business (mailing) address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact name's e-mail address: \_\_\_\_\_

Condition of Water-Based System Deficiencies: I have completed the inspection, testing and maintenance at the above named facility in accordance with 527 CMR 40 and found the following deficiencies at the facility (see NFPA 25, Annex E.1 for guidance).

- Impairment
- Critical Deficiency
- Noncritical Deficiency
- No Deficiencies

For any deficiency listed as an Impairment or Critical deficiency, attach additional information with this form indicating the deficiency and location in the facility. Records shall be in accordance with 527 CMR 40 and NFPA 25, Section 4.3

Since the last annual inspection form submittal has the facility complied with NFPA 25 frequency for ITM: \_\_Yes \_\_No \_\_Unknown

#### Company Information:

Company's name and License Number: \_\_\_\_\_

Individual who was on location: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Sign:

By signing below, I certify that I inspected this facility in accordance with 527 CMR 40.00 and its adopted reference NFPA 25, 2011 edition. I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this form. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and criminal penalties or loss of license.

Signature of License Holder: \_\_\_\_\_ Date: \_\_\_\_\_