



Department of Fire Services Commonwealth of Massachusetts

Application for Electrical Firing Unit Inspection (FP-074B)

Note: One (1) form per electrical firing unit.

ELECTRICAL FIRING UNIT INSPECTION

To be completed by applicant

Name: _____
(Name of person, firm or corporation)

Address: _____
Number and Street City/Town State Zip

Type: _____ Serial #: _____

Issue Date: _____

Inspected by: _____

Tag #: _____

Exp. Date: _____

- Electrical firing units list on the State Fire Marshal's office "Approval List" are not required to be inspected by the State Fire Marshal.
- All panels shall meet the requirements detailed in 527 CMR 1.00, 32.2.8.5.2 - 65.2.8.5.4.