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: _____________________________________________
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: ____________________________