

**AIRPORT COMMISSION**  
**San Francisco International Airport**  
**SFFD – San Francisco Fire Department**

For Official Use Only

**REQUEST FOR FIRE CODE INSPECTIONS**

**IMPORTANT: *Instructions to Project Construction Manager (PCM)***

PCM must coordinate with the Contractors for the successful completion of work prior to inspection. PCM and Contractors must complete and sign the request form. Request must be received by San Francisco Fire Marshal at least two workdays (48 hours M-F) in advance of the inspection. Confirm by phone with the respective Inspectors. PCM must be present during the inspection.

For projects without an Airport Project Manager or PCM, Contractors must adhere to the instructions above.

Project No./Contract No.	Phone:
Project Description:	Permit No.:                      Log No.:
Contractor:	Drawing Reference:                      Specification:

Work to be inspected shall be complete and ready for inspection.

Inspection requested by: \_\_\_\_\_ Contractor Signature: \_\_\_\_\_  
(Print Name) \_\_\_\_\_ PCM Signature: \_\_\_\_\_

<b>To:</b> (Name of Inspector)  <b>SFIA-SFFD</b>	<b>Date of Request:</b>
<b>Inspection Required On</b> (Circle One): <b>M T W T F</b>	<b>SFFD email: <a href="mailto:airportfiremarshal@flysfo.com">airportfiremarshal@flysfo.com</a></b>
<b>Date:</b> <b>Time:</b> <b>P.M.</b>	<b>SFFD Fax No.: (650) 821-7871</b>
<b>Check One:</b> <input type="checkbox"/> A.M <input type="checkbox"/>	

**TYPES OF INSPECTION**

- |                                                  |                                                  |                                          |
|--------------------------------------------------|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> FIRE PROTECTION SYSTEMS | <input type="checkbox"/> FIRE ALARM SYSTEMS      | <input type="checkbox"/> FUEL TANKS      |
| <input type="checkbox"/> FUEL SYSTEMS            | <input type="checkbox"/> FIRE RESISTIVE ASSEMBLY | <input type="checkbox"/> EMERGENCY EXITS |
| <input type="checkbox"/> OTHER _____             |                                                  |                                          |

- FINAL**                                       **PARTIAL**                                       **ROUGH-IN**

**IMPORTANT: DETAILED DESCRIPTION OF SITE LOCATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- APPROVED**                                       **REINSPECTION/CORRECTIONS NEEDED**

**COMMENTS: (Attach additional sheet as required.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SFIA Fire Code Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_