



U.S. Department of the Interior
Deputy Assistant Secretary – Indian Affairs (Management)
Office of Facilities, Property and Safety Management
Division of Safety and Risk Management

(Attachment A)

Request for Final Inspection/Re-Inspection and Certificate of Occupancy Form
Submit this Form and ALL Required Documentation to Division of Safety and Risk Management (DSRM)

Site Name: _____ IA-FMS Site ID: _____
Project Description: _____ Project No: _____
IA POC, IA, BIA or BIE Project Manager: _____ Telephone No.: _____
eMail Address: _____ Proposed Date for Inspection: _____

Required documentation as listed in the Final Inspection and Certificate of Occupancy Guidelines, Appendix 1. If work has not been completed by the requested inspection date, the inspection will not be scheduled.

The following required documentation, as applicable, is hereby submitted to the Division of Safety and Risk Management, as the Authority Having Jurisdiction.

Automatic Sprinkler Protection System
(NFPA 13 - Standard for the Installation of Sprinkler Systems)

Stationary Fire Pump
(NFPA 20 - Installation of Stationary Pumps)

Clean Agent Fire Extinguishing System
(NFPA 2001 - Clean Agent Fire Extinguishing Systems)

Hydrants
(NFPA 291 - Fire Flow Testing and Marking of Hydrants)

Wet Chemical System Acceptance Report
(NFPA 17A - Standard for Wet Chemical Extinguishing Systems)

Asbestos
(40 CFR - Protection of the Environment, Part 763)

Fire Detection Alarm System
(NFPA 72 - National Fire Alarm and Signaling Code)

Emergency and Standby Power Systems
(NFPA 110 - Emergency and Standby Power Systems)

Emergency Systems
(NFPA - 70 National Electrical Code)

Folding and Telescopic Seating
(NFPA 102 - Grandstands, Folding and Telescopic Seating, Tents, and Membrane Structures)

Hydraulic/Electric Elevator System
(ASME A17.1/CSA B44 Handbook)

In addition to the above, Operation and Maintenance Manuals for all equipment are on site and there is an approved copy of design plans and specifications available at the job site. **I hereby certify that all construction work for this project is complete and that the above required documentation, as applicable, is submitted with this request form to the Division of Safety and Risk Management.**

Signature of IA POC, BIA or BIE Project Manager

Date

This section for Division of Safety and Risk Management Use Only

Scheduled Date

Assigned Inspector

Scheduled Time

Final Inspection

Re-Inspection: 1st ___ 2nd ___ 3rd ___