



CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS

DEFICIENCY NOTICE

FIRE SUPPRESSION SYSTEM

I. GENERAL INFORMATION

PROPERTY ADDRESS (as it appears on property tax records)		LOCATION (Floor, Store, Space Number)
PROPERTY NAME	BUSINESS NAME	
PROPERTY OWNER	OWNER'S PHONE NO.	OWNER'S FAX NO.
OWNER'S E-MAIL ADDRESS	DATE OF INSPECTION	DATE OF NOTICE SUBMISSION

II. BUILDING OCCUPANCY

BUILDING IS : COMMERCIAL ☐ RESIDENTIAL ☐ MIXED USE (COMMERCIAL/RESIDENTIAL) ☐ NUMBER OF STORIES : _____

III. SYSTEM INFORMATION

AUTOMATIC FIRE SUPPRESSION SYSTEM	SPRINKLER <input type="checkbox"/>	FOAM <input type="checkbox"/>	FIRE HYDRANT <input type="checkbox"/>	OTHER <input type="checkbox"/>
STANDPIPE SYSTEM	CLASS I <input type="checkbox"/>	CLASS II <input type="checkbox"/>	CLASS III <input type="checkbox"/>	
SYSTEM IS	EXISTING <input type="checkbox"/>	NEW <input type="checkbox"/>	(IF NEW, PROVIDE BUILDING PERMIT NO.) _____	

IV. MAJOR DEFICIENCIES IDENTIFIED / REASON FOR FAILURE. EXPLAIN IN COMMENTS SECTION

<input type="checkbox"/> SYSTEM OUT-OF-SERVICE / IMPAIRED	<input type="checkbox"/> QUICK OPENING DEVICE INOPERATIVE
<input type="checkbox"/> FIRE PUMP FAILURE	<input type="checkbox"/> DRY PIPE / PREACTION SYSTEM FAILED
<input type="checkbox"/> ALARMS FAILED	<input type="checkbox"/> SPRINKLER PAINTED OR OBSTRUCTED
<input type="checkbox"/> CITY SUPPLY INADEQUATE	<input type="checkbox"/> RECALLED SPRINKLERS INSTALLED
<input type="checkbox"/> F. D. C. NOT COMPLIANT	<input type="checkbox"/> OTHER _____

COMMENTS : _____

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

We certify that the above Fire Suppression System, tested in accordance with NFPA 25 and the Philadelphia Fire Code, failed the annual inspection. Systems out of service must be reported immediately to the Philadelphia Fire Department at 215-922-6000.

FIRE SUPPRESSION CONTRACTOR : _____ L&I CONTRACTOR I. D. # _____

INSPECTED BY:

Fire Suppression System Inspector's Name (Must be employed by the contractor/company who has performed the inspection)

Fire Suppression System Inspector's Signature

Date

Fire Suppression System Inspector's License Number

Phone Number

Email Address

COMPLETED NOTICES MUST BE SUBMITTED THROUGH ECLIPSE AT [HTTPS://ECLIPSE.PHILA.GOV/](https://eclipse.phila.gov/).

IF THERE IS AN IMMEDIATE LIFE SAFETY CONCERN (I.E. AN INOPERABLE FIRE ALARM, SUPPRESSION, OR STANDPIPE SYSTEM),
IN ADDITION TO SUBMITTING THE OFFICIAL DEFICIENCY NOTICE PLEASE ALERT OUR FIRE SAFETY UNIT AT
FIRESAFETYUNIT@PHILA.GOV.