



Fire System Interruption Request Form

For DTMB-Owned and Operated Buildings Only

****All Fields Are Required****

A. General Information		
Dates Start: _____ End: _____		Time of Interruption Start: _____ End: _____
Building(s)/Ramp(s) Affected		
Area(s) of Work Being Performed		
Type of Work Being Performed <i>(Specify)</i>		
System(s) Being Affected <input type="checkbox"/> Detection <input type="checkbox"/> Suppression <input type="checkbox"/> Other <i>(Specify)</i> _____		
Type of Project <input type="checkbox"/> Design & Construction <input type="checkbox"/> Contractual Services <input type="checkbox"/> State Agency <i>(Specify)</i> _____		
B. Contact Information		
Company Performing Work	Company Contact	24 Hour Contact Number
On-Site Contact		Phone Number
Project/Zone Manager		Phone Number
C. DTMB Fire Crew <i>(OIP Use Only)</i>		
Type of Service Requested <input type="checkbox"/> Fire Alarm Panel Offline <input type="checkbox"/> Zone Group Offline <input type="checkbox"/> Fire Suppression Drained <input type="checkbox"/> Fire Suppression Zone Offline <input type="checkbox"/> Other _____		
Was a Fire Watch Requested During This Time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is a Fire Watch Necessary During This Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
General Comments <i>(Zone Groups Offline, Panel Functions, Strobes, Annunciation, Radio Box, Etc.)</i>		
Is This Work Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Order Number	Assigned To

SUBMIT FORM TO FIRESYSTEMREQUEST@MICHIGAN.GOV TWO (2) BUSINESS DAYS PRIOR TO START OF WORK