Permit Center
permitcenter@portorchardwa.gov
(360) 874-5533

ALARM ACTIVATION REPORT

Alarm Activation Reports are for Fire District Use Only

For recordkeeping purposes only and non-emergency follow-up by the Fire Code Official and Code Enforcement Team

Report Date: _____

1. FIRE DEPARTMENT INFORMATION.

Fire Department Name and Station: _____

Representative Name: _____

Phone Number: _____

Email Address:

2. BUSINESS INFORMATION.

Business Name: _____

Business Contact Name: _____

Contact's Title: _____

Phone Number: _____

Email Address: _____

Business Physical Address:
(include suite number) _____

3. OCCURANCE INFORMATION.

Date of Occurrence: _____

Time of Occurrence: _____

Type of Device Activated:

- ☐ Fire Alarm
- ☐ Sprinkler
- ☐ Hood Suppression
- ☐ Other *(list)*: _____

Cause of Alarm Activation:

Event description/comments:

The following correction or maintenance shall be made:

System Impact:

☐ **Green:** *False Alarm; System operational, no corrections to be made.*

☐ **Yellow:** *System operational, corrections required to be made within (select one):*

- ☐ Within 7 days
- ☐ Within 14 days
- ☐ Within 30 days

☐ **Red:** *System not functional, corrections required to be made immediately.*

A certified alarm company shall be contacted within the following time period to begin corrective action:

- ☐ Immediately
- ☐ Within 7 days
- ☐ Within 14 days
- ☐ Within 30 days
- ☐ Other *(describe)*: _____

4. OTHER / ASSOCIATED RECORDS.

Submit relevant records with this completed form. Submissions up to 25 MB may be emailed to permitcenter@portorchardwa.gov. For larger submissions, contact the Permit Center to request a DropBox link.

Are you including other/associated records with this Alarm Activation Report?

- ☐ No
- ☐ Yes: List below: