ARKANSAS DEPARTMENT OF LABOR AND LICENSING
ARKANSAS FIRE PROTECTION BOARD
AHJ INSPECTION SUMMARY

AHJ Name:		**Inspection Date:**		**Time of Inspection:**
Address:	**City:**	**State:**	**Zip:**	**Phone:**
Email:		**AHJ Inspection Number:**		
Fire Official Name:	**Badge #:**	**Signature:**		

Inspection Type: ☐ Compliance ☐ Annual ☐ Complaint ☐ Other (Attach copy of an any inspection report or complaint received to this report)

Installation Type: ☐ Portable Fire Extinguishers ☐ Fixed Fire Suppression Systems ☐ Hydrostatic Testing Facility ☐ Vent Hood ☐ Sprinkled

Was a local permit required for the installation? ☐ Yes ☐ No	**If yes, permit #:**
If no, and permit required, provide Local Ordinance #:	**Was a copy of the permit posted at jobsite?** ☐ Yes ☐ No ☐ N/A

Comapany Information

Company:	**Lic #:**	**Phone #:**	
Business Name:	**Exp:**	**Email:**	
Mailing Address:	**City:**	**State:**	**Zip:**
Physical Address:	**City:**	**State:**	**Zip:**

List Names(s), Address, and Phone in the space below of any unlicensed individual.
Attach a copy of a government issued ID or any license held by another jurisdiction

Name:	Address:	City:	State:	Zip:

What NFPA or State Standards applies (check all that apply)? ☐ AFPC ☐ NFPA 10 ☐ NFPA 13 ☐ NFPA 17/NFPA 17A ☐ AFLB Board Rules

Did the installation inspected comply with adopted state codes and standards? ☐ Yes ☐ No (Attach copy of AHJ inspection report)

Fixed fire suppression systems inspection type: ☐ New ☐ Existing

Service tags- Is the current annual service tag present, legible, and up to date? ☐ Yes ☐ No (Attach copy or photo of tags)

Does the service tag conform to the AFPB Rules? ☐ Yes ☐ No

Extinguishers Properly Tagged? ☐ Yes ☐ No (If No, provide photo or copy of the tag present or device with no tag affixed)

Was the inspection, maintenance, and testing logs present? ☐ Yes ☐ No

Location Information

Bldg. Owner/Management Co.:		**Phone:**		
Mailing Address:		**City:**	**State:**	**Zip:**
Physical Address:		**City:**	**State:**	**Zip:**
Email:		**Building representative on site?** ☐ Yes ☐ No		
Representative Name:		**Email:**		

Comments:

Arkansas Department of Labor and Licensing
Arkansas Fire Protection Licensing Board
Official Photograph Sheet

Location:						
Photographer:						
Photo #	1	**Of**	6		**Date:**	
Description:						

Photographer:					**Witness:**	
Photo #	2	**Of**	6		**Date:**	
Description:						

Arkansas Department of Labor and Licensing
Arkansas Fire Protection Licensing Board
Official Photograph Sheet

Photographer:					
Photo #	3	**Of**	6	**Date:**	
Description:					

Photographer:					
Photo #	4	**Of**	6	**Date:**	
Description:					

Arkansas Department of Labor and Licensing
Arkansas Fire Protection Licensing Board
Official Photograph Sheet

Photographer:						
Photo #	5	**Of**	6		**Date:**	
Description:						

Photographer:						
Photo #	6	**Of**	6		**Date:**	
Description:						