



# PECHANGA FIRE DEPARTMENT

## Fire Alarm Monitoring Request - PTG

**Fire Station No. 1**  
**48240 Pechanga Road - Temecula CA 92592**  
**Ph(951)770-6001 / Fax(951)694-0449**

*\*\* (Instructions for completing this form on next page) \*\**

Location:	Date Submitted:	
Contractor:	Phone:	
Requested By:	E-mail:	
Start Time & Date:	End Time & Date:	
Fire Protection System(s):	<input type="checkbox"/> ITM	<input type="checkbox"/> Repair <input type="checkbox"/> TI

Detailed Description of Work / Event

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Workers On Site			
Name	Classification	Contact Phone (cell)	Office/Supervisor Phone

Authorization to Perform Work		
Department	Person Contacted	Date
Pechanga Fire Department	PFD-FCRRequest@pechanga-nsn.gov	
Ranger Dispatch	dispatch@pechanga-nsn.gov	
PTG Facilities	amares@pechanga-nsn.gov	

If fire alarm paging is required, list all areas to receive page (attach Disruption Report if applicable).

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Fire Alarm Staff Assigned (Fire Department Use Only)

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**CALL PECHANGA FIRE DEPT. AT (951) 770-6001 TO CONFIRM  
 FIRE ALARM IS IN TEST PRIOR TO WORK / EVENT STARTING**

## **FIRE ALARM MONITORING REQUEST FORM - INSTRUCTIONS**

The following information is required prior to submitting the Fire Alarm Monitoring Request form.

**Location:**

Describe the exact location of work to be performed, using room numbers if available.

**Date:**

Indicate the date the request is originated.

**Contractor:**

Provide the contractor's company name.

**Phone:**

Provide the phone number of the person requesting.

**Requested By:**

Provide the name of the person completing the request.

**E-mail:** Provide the e-mail for person requesting.

**Start Time and Date:**

Provide the date and time of the beginning of the work needing the system to be placed in test.

**End Time and Date:**

Provide the time and date the services are no longer needed. For multiple dates interrupted by periods where the system is not in test, complete a separate form.

**Fire Protection Systems:** Mark type of work being performed: ITM (inspection, testing, maintenance), repair, TI (tenant improvement).

**Detailed Description of Work / Event:**

Provide detailed information of the location and nature of the work / event to be performed while the system is in test.

**Workers on Site:**

Provide names and contact information for key workers on site. These workers will be contacted in the event of a detector activation, so it is important that cellular telephone numbers are provided.

**Authorization to Perform Work:** Email this completed form to the primary contacts listed as well as the specific PTG employee responsible for work / event. Include the date of notification if different than date submitted.

**If Fire Alarm Paging is Required:**

If audible alarms will be necessary during the work performed, list the areas affected. Advance notification is imperative if audible alarms will affect the normal business of the occupancy.