**Fire System Device Inventory**

Building Name: _____ Building Number: _____
Project Name associated with this change: _____
WO# associated with this change: _____
Project Manager: _____ Contact phone number: _____

| Device/EQUIPMENT ADDRESS | DEVICE/EQUIPMENT LOCATION ****INCLUDE FLOOR NUMBER & ROOM NUMBER**** | DEVICE/EQUIPMENT TYPE: (i.e.smoke,heat,duct,horn, strobe,speaker,speaker strobe, etc.) | Are you: ☐ adding ☐ deleting ☐ changing location ☐ changing description | Is this a permanent change? (yes or no) | Is this a temporary change? (yes or no) | Date of Change: |
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COMMENT(S):_____
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Technician Name: _____ (Please Print) DATE: _____
Fireprotection@virginia.edu