

Figure: 28 TAC §34.618(3)

**FIRE ALARM SYSTEM  
INSTALLATION INSPECTION FORM**

Project:  
Address:  
Primary Licensed Firm:  
ACR No.:

**DEVICE BACK-BOX INSTALLATION**

Name of Licensee:  
License Number: ACR No.:  
Signature:  
Date:  
Problems Noted:

**CABLE INSTALLATION**

Name of Licensee:  
License Number: ACR No.:  
Signature:  
Date:  
Problems Noted:

**DEVICE INSTALLATION**

Name of Licensee:  
License Number: ACR No.:  
Signature:  
Date:  
Problems Noted: