

**REQUEST FOR SERVICE EXECUTION  
DEPARTMENT OF FIRE PROTECTION**

	Form: MD.OB.08	Page/pages: 1/1
	Full name of the applicant :( project carrier/operator):	
	Address of the applicant: ( project carrier/operator):	
	TIN (Taxpayer Identification Number):	Phone:
E-mail:	Fax:	

Type of request:

Inspection of the electrical installation	Inspection of the fire alarm installation		
Inspection of the lighting protectin installation	Measuring of the statical charge		
Inspection of the stable installation for the detection of the explosive gases and vapors	Inspection of “Ex” devices		
Thermal imaging	Training of the employees in the feld of fire protection		

Location of the inspection and examination:

The list of the facilities with surface area of the premises (in m <sup>2</sup> ):	• offices:
	• storage:
	• production:

The number of the electrical boxes:

The number of the down comers for lightning conductor installation:

The type of the central for the stable fire alarm installation, the number of the zones of action , type and number of fire alarms:

The type of central unit, the number of the zones of action and gas detectors :	
The list of explosion protection equipment (machines and devices):	
The list of the equipment endangered by the static charge:	
<i>Realization, payment, contract, under contract etc.*</i>	
Reviewing <i>of the request-definition, free form *</i>	
Request reviewed by*: Date of the reviewing*:  <i>(name, function) (day, month and year)</i>	
Date:	<p style="text-align: center;">Applicant</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">(signature)</p> <p style="text-align: right;">Place stamp here</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">(Name, function)</p>
<i>* Representatives of MD PROJECT INSTITUTE will fill in</i>	