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CONSTRUCTION SERVICES UNIT - NEW CONSTRUCTION  
DIVISION 15 POLICY FOR REQUESTING OFF-HOURS INSPECTION

- All requests for Off-Hours Inspections require a written request, which must be on file in the Construction Services Unit prior to being scheduled.
- Your written request shall be addressed to:

Commander, Construction Services Unit  
Fire Prevention Bureau  
201 N. Figueroa Street, Suite 300  
Los Angeles, CA 90012

- Your written request shall include the following information:
  - o Job Address
  - o Description of work
  - o Building does not allow testing during normal business hours
  - o Cost: The cost will be \$344 for the first 4 hours, with a 4-hour minimum required, and \$86 or each additional hour or any portion thereof. It should be indicated on the letter that the applicant is aware of the \$86 fee for each additional hour or any portion thereof.
  - o The Fire Department will invoice the responsible individual upon completion of work. State names of person to be billed, address, and phone number.
  - o Off-Hours Inspections forfeit the opportunity for 2-free hours of inspection.

For further information, please contact the Construction Services Unit at 213-482-6907.

BRIAN CUMMINGS  
Interim Fire Chief

Robert Franz, Captain II  
Construction Services Unit

## OFF-HOURS INSPECTION SCHEDULING PROCEDURES

The Los Angeles Fire Department provides a service to our customers to provide Life Safety Test during Off-Hours within buildings that do not allow testing during normal business hours. Our members conduct these tests on a voluntary basis. We cannot force our members to work overtime, however we will do our best to meet your needs.

The following procedures have been established to assist you in scheduling an appointment.

- 1 Contractors must fax request to the Construction Services Unit at **(213) 482-6922**, **Attention: Captain** (see attached sample). This request should be made at least **72 hours** in advance. Please call to verify that your fax has been received.
- 2 An LAFD Supervisor will contact the contractor to confirm the date and time of the appointment.
- 3 There is a 4-hour minimum payment required to the Los Angeles Fire Department (LAFD) Inspector, as negotiated between Management and the Firefighter's Union. Our policy provides for one appointment in one building. **Multiple job requests in the same building will be honored for up to 4-hours of work.**
- 4 New installations of Fire Alarms in a New Base Building, Retrofit Building, or Adaptive Reuse Building require the presence of a Department of Building and Safety Electrical (LADBS) Inspector. The LAFD will assist in coordinating the inspection with LADBS.
- 5 If the Fire Alarm is not ready for some unforeseen reason, the LAFD directs its Inspectors to inspect other items requiring Inspection, such as doors, rated walls, exit signs, and emergency lighting. **At no time shall a LAFD Inspector walk off the job without attempting to accomplish some portion of an inspection.**

The Los Angeles Fire Department takes great pride in providing our customers with prompt, quality service. If we can be of further service, please call us at (213) 482-6903. We thank you for your cooperation.

# OFF-HOUR INSPECTION REQUEST

*(Please Print Legibly)*

DATE: \_\_\_\_\_

TO: Captain, Construction Services Unit  
Fire Prevention Bureau  
201 N. Figueroa Street, Room 300  
Los Angeles, CA 90012

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBJECT: OFF-HOUR INSPECTION REQUEST

JOB ADDRESS: \_\_\_\_\_

REQUESTED INSPECTION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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Please provide an LAFD Inspector for an Off-Hour Inspection due to the fact that the building does not allow testing during normal business hours.

The below listed person will be invoiced \$344 for the first 4 hours, with a 4-hour minimum required, and a \$86.00 fee for each additional hour or any portion thereof.

## BILLING INFORMATION

*(Please Print Legibly)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No. (     ) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

-----For office use only-----

LAFD Inspector Signature \_\_\_\_\_