



Certified Fire Inspector I Activity Verification Form

To be completed by CFI-I Program Candidate, Copy as needed. Please Print

Candidate's Name: _____		Address _____	
<i>Checkmark verification person for this activity.</i>		<i>Checkmark applicable activity for this form.</i>	
<input type="checkbox"/> Supervisor or Proctor		<u>MANDATORY ACTIVITIES</u>	
<input type="checkbox"/> Property Owner or Manager		<input type="checkbox"/> Sprinklered facility	
		<input type="checkbox"/> Commercial kitchen facility	
		<u>ELECTIVE ACTIVITIES</u>	
		<input type="checkbox"/> Educational occupancy	
		<input type="checkbox"/> Assembly occupancy	
		<input type="checkbox"/> Apartment building	
		<input type="checkbox"/> Mercantile occupancy	
		<input type="checkbox"/> Business occupancy	
		<input type="checkbox"/> Industrial (manufacturing) occupancy	
		<input type="checkbox"/> Maintenance shop(industrial occupancy)	
		<input type="checkbox"/> Hot work facility (industrial cutting/welding)	
		<input type="checkbox"/> Storage occupancy	
		<input type="checkbox"/> Health care occupancy (nursing home/limited care facility)	
Property Name: _____			
Property Address: _____			
Property City: _____		State: __ Zip: _____	

The National Fire Protection Association administers a Fire Inspector I Certification Program. As part of this program, a series of Practical Exercises must be completed by those individuals seeking Fire Inspector Certification. The above-named candidate has entered into this phase of the Fire Inspector I Certification Program and is in the process of completing the required activities. You are asked to verify that the above-named individual entered and surveyed the aforementioned premises.

This activity does not constitute a fire inspection, and in no way should it be assumed that the observations made while completing this exercise would result in detection of any problem or violation. If anything unusual comes to light while the observations are being made, then the candidate is informed to notify the property owner/manager as well as the local fire department or fire inspector's office.

Again, the purpose for the candidate's entering the property was to complete a performance checklist, **not** to conduct a fire inspection. Your signature below only indicates that this individual did in fact enter the premises for the purposes identified above. Your signature does not indicate thoroughness, accuracy, or quality as related to the activity.

To be completed by person verifying activity

My signature below attests that the above named candidate entered the aforementioned property for the purpose of completing the required activity.

Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Signature: _____