

WEST WINDSOR TOWNSHIP FIRE & EMERGENCY SERVICES

Office of the Fire Marshal

271 Clarksville Road P.O. Box 38 West Windsor ,NJ 08550 Phone: 609-799-8735 Fax: 609-799-8926



FIRE CODE COMPLAINT FORM

COMPLAINANT INFORMATION

Complainant's		Anonymous:								
Address:			E-Ma	il:						
City:						Phone:				
Relationship with the Property										
Patron	Owner	Tenant	Fire Dep	artment	Other:					
BUILDING LOCATION & OWNER										
Name of Building: Has					yone been notified of complaint?					
Building Location:										
Owner's Name:										
Address:										

City:

Phone:

ALLEGED VIOLATIONS OR CONCERNS

(UNDERLINED & BOLD VIOLATIONS REQUIRE IMMEDIATE RESPONSE FROM FIRE MARSHALS OFFICE)

Unsafe Structural Conditions	UNREPORTED FIRE	HAZARDOUS MATERIALS (Improper Storage, Spill or Release)
Blocking, Locking or Obstructing Egress	KITCHEN - Hood System Issue	ELECTRICAL – Broken or missing components, exposed wire
Presence of explosives, explosive fumes or vapor	FIRE EXTINGUISHER ISSUE	FIRE RATED CONSTURCTION – Broken or Missing Components
Inadequacy of a Active Fire Protection System *	IMPROPER KNOX BOX KEYS	FIREWORKS - Improperly Stored, Large Quantities in SFD
OCCUPANCY (Exceeding limits)	FIRE HYDRANT ISSUE	OTHER - INDICATE IN DETAILS BOX THE ISSUE

DETAILS

Active Fire Protection System: A system that uses moving mechanical or electrical parts to achieve a fire protection goal (NFPA)

OFFICE USE ONLY			Date & Tir	me Received :		Received By:		
System ID:			Date & Time of Complaint Inspection					
Assigned to: Outcom			me:					
REFERRED TO:								
UCC	WW	PD	Health	Outside LEA	State of	of NJ Other:		

SUBMIT THIS FORM TO WWFIREMARSHAL@WESTWINDSORTWP.COM