



Georgia Tech Fire Safety Office

Fire Systems Modification Request Online

1. Go to the EH&S website at <https://www.ehs.gatech.edu/fire>
2. Select “Fire Systems Modification”:



3. There you will see different Modifications/Shutdowns that are we do:

Fire Systems Modification/Shutdown Request

All modification or shutdown requests must be submitted **24 hours** in advance. The GT Fire Safety Office requires approval for the following activities:

- Fire Alarm Testing
- Fire Alarm System Work/Repairs
- Fire Sprinkler Inspections
- Fire Sprinkler Work/Repairs
- Hot Work - Inside Buildings
- Construction - Involving Dust, Sanding, Moisture, Etc.

To request approval for modification or shutdown, please complete the form below. The GT Fire Safety Office will notify you when your request has been approved.

Type of Request *

- Hot Work Permit Request
- Fire System Shutdown/Modification Request
- Hot Work Permit Request and Fire System Shutdown/Modification Request

4. Select the type of Request:

Type of Request *

- Hot Work Permit Request
- Fire System Shutdown/Modification Request
- Hot Work Permit Request and Fire System Shutdown/Modification Request

5. Put in your contact information:

Contact Information

Name *

Phone Number *

Email Address *

Department or Company Name *

6. Select the Work details:

WORK DETAILS

Is this related to a permitted construction/renovation project? *

- Yes
- No

Automatic Fire Extinguishing System *

- Complete Shutdown
- Partial Isolation
- Not Affected

Fire Alarm System *

- Complete Shutdown
- Partial Isolation
- Not Affected

Georgia Security Account Number *

Enter the remaining four digits of the building specific Georgia Security Account Number.

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Description or reason for this request *


7. If this is work relating to a permit, click yes and add permit number.

8. The Georgia Security Account Number is located on the upper right part of the fire panel. ***This will require you to go to the panel prior to submitting this form to verify this in fact is the actual panel and building you are wanting on test.***
9. Describe the reason for this request: (Fire alarm annual test)
10. Select building name, floor and room (if this is isolated to a certain location) and dates and time frame:

Where and when will work occur?

Building *	Floor or room *
- Select -	

Start Date *	Start Time *
Year ▾ Month ▾ Day ▾ 	Hour ▾ : Minute ▾ <input checked="" type="radio"/> am <input type="radio"/> pm

End Date *	End Time *
Year ▾ Month ▾ Day ▾ 	Hour ▾ : Minute ▾ <input checked="" type="radio"/> am <input type="radio"/> pm

11. Once completed select the submit button.
12. Once submitted you will get a phone call/email confirmation Regarding your request.