



NIFSAB Successful Fire Sprinkler Activation Fact Sheet

Please print clearly.

Date of Fire: _____ Time of Fire: _____

Name of occupancy/building: _____

Address: _____ Suite: _____

_____ State: _____ Zip: _____

Brief description of incident: _____

How many fire sprinklers activated: _____ **Estimated amount of money saved:** _____

Quote: *(example: "The sprinkler system did a great job. Two fire sprinklers activated, extinguishing and controlling the fire prior to our arrival. The Michael's Flower Shop was open for business the same day!" – Lt. Smith, ABC Fire Department)*

Your Name: _____ Title: _____

Fire Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

All "Saves" will be posted in the next edition of Fire Sprinkler Times and added to our "Saves" document available on the web-site and to all municipal and interested officials.

Fill out Online at www.firesprinklerassoc.com/SAVE or E-mail a filled out PDF to: nifsab@nifsab.org

Or Mail to: Northern Illinois Fire Sprinkler Advisory Board,
Attn: Tom Lia, 62 Orland Square Drive, Suite 201, Orland Park, IL 60462