

SAVE-A-DAY



Northern Illinois
Fire Sprinkler
Advisory Board

www.firesprinklerassoc.org

NIFSAB

Successful Fire Sprinkler Activation Fact Sheet

Please print clearly.

Date: _____ Time: _____

Name of occupancy/building: _____

Address: _____

City: _____ State: _____ Zip: _____

Brief description of incident: _____

How many sprinkler heads activated: _____ Estimated amount of money saved: _____

Quote: (example: "The sprinkler system did a great job. Two heads 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 website and to all municipal and interested officials.

Please return to NIFSAB via fax: 708-403-4771

If you don't have access to a fax, return form to: Northern Illinois Fire Sprinkler Advisory Board,
Attn: Tom Lia, 62 Orland Square Drive, Suite 201, Orland Park, IL 60462