

	VdS INTERNAL	
	Customer No.:	
	File No.:	
	Region:	

ORDER FORM *Please mark with "x" if/when applicable (multiple choice allowed)*

- Inspections of fire protection systems for conformity with building control regulations
- Insurance evaluations of fire protection systems
- other inspection (e. g. in accordance with BGR 134, VdS 3518):
- Review of project data developed during the planning phase of fire protection systems
- 25/12-5-year inspections (pipework inspection of fire extinguishing systems)
- Enclosure integrity tests (door fan tests for gas extinguishing systems) Flooding tests

Scope of the above items: First Inspection Periodical Inspection* Inspection of deficiency correction

Risk analysis

Client: (Name + Address + Invoicing Address – if applicable)

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Type of fire protection system/measures/documents: (risk analysis excluded; multiple choice allowed; in case of different inspections/reviews – type and scope – and/or basis of inspection/review extra order is required)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Gas Extinguishing System | <input type="checkbox"/> Fire Detection and Fire Alarm System |
| <input type="checkbox"/> Water Spray System | <input type="checkbox"/> Spark Extinguishing System | <input type="checkbox"/> Fire Detection and Fire Alarm System with increased reliability |
| <input type="checkbox"/> Foam Extinguishing System | <input type="checkbox"/> Dry Powder Extinguishing System | <input type="checkbox"/> Smoke and Heat Exhaust Ventilation System (natural or powered) |
| <input type="checkbox"/> Hydrant System | <input type="checkbox"/> Smoke Exhaust Ventilation System in Staircases | <input type="checkbox"/> Other Fire Protection System Type:
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| <input type="checkbox"/> Fine Water Spray System | <input type="checkbox"/> Bulkhead Protection of Duct Systems | <input type="checkbox"/> System design of relevant fire protection components, e.g. fire break wall/complex separation wall |
| <input type="checkbox"/> Hold-open System | <input type="checkbox"/> Fire Protection Concept | <input type="checkbox"/> Fire Load Calculation |
| <input type="checkbox"/> Fire Dampers within Ventilation or Smoke Extraction Ducts | <input type="checkbox"/> Fire Protection Closure for Conveyors | <input type="checkbox"/> Other Issues:
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Location of site or installation: (if different from the above address)

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* Periodical/Inspections/Reviews until cancellation (see VdS 3420en General Terms and Conditions) – if only one Repeat Inspection/Review is required mark here with "x":

<input type="checkbox"/> Operator and/or		<input type="checkbox"/> Building Principal (name and address if different from Client)	
Inspection/Review or Evaluation basis: (please select and mark with "x")			
<input type="checkbox"/> VdS Guidelines		<input type="checkbox"/> Other guidelines or prerequisites:	
Any officially imposed conditions/fire protection concept or requirements set forth in the fire insurance policy?		<input type="checkbox"/> YES (please attach copy)	<input type="checkbox"/> NO
Required Inspection/Review Report: (please select)	<input type="checkbox"/> for submission to the insurance company and the building control authority		
	<input type="checkbox"/> for submission to the insurance company		
	<input type="checkbox"/> for submission to the building control authority		
	<input type="checkbox"/> others:		
3rd Party Delivery Addresses for Inspection/Review Reports and/or Statement of Results: (please select, multiple choice allowed)			
<input type="checkbox"/> Insurance Company (name and address)		Insurance Policy No.:	
<input type="checkbox"/> Appropriate Authority (designation and address)		File Reference:	
<input type="checkbox"/> Any possible Additional Agreements:			
<input type="checkbox"/> Direct Debit Authorisation: (please mark with "x" if applicable)			
Charges may be debited – until cancellation – from the account indicated below. This Direct Debit Authorisation also applies to substitutional agreements.			
Name and Location of Financial Institution:			
BIC / Bank Routing Code:		IBAN / Account No.:	
Account Holder:			
VdS 3420en General Terms and Conditions and/or the VdS Quotation dated shall be looked upon as accepted and agreed upon.			
In the event that the Client is not identical with the Building Principal and/or Operator of the site or installation, the Client is hereby entitling VdS Schadenverhütung to advise the Operator of any possible deficiencies established.			
Moreover, the Expert reviewing the conformity with Building Regulations and inspecting the site or installation in question, is responsible, as far as may be required by applicable law, to pass certain relevant data, especially in conjunction with established deficiencies, possible time limits set forth and rectification of defects, to the appropriate authorities.			
Date, Company Seal and Signature of the Client			