



Application for Use of Temporary Door Locking Device  
Application for Modifications or Alternatives to the WV State Fire Code

DATE: \_\_\_\_\_

ORGANIZATION REPRESENTED: \_\_\_\_\_

NAME OF SUBMITTER: \_\_\_\_\_

ADDRESS OF SUBMITTER: \_\_\_\_\_

NAME OF BUILDING(S): \_\_\_\_\_

OWNER OF BUILDING(S): \_\_\_\_\_

BUILDING LOCATION(S) (ADDRESS): \_\_\_\_\_

FIRE SAFETY REQUIREMENT (State the specific fire safety requirement in question): NFPA 101, Sections 7.2.1.5.3 and 15.2.2.2.3

PROPOSED MODIFICATION OR ALTERNATIVE REQUESTED (The following questions shall be answered for consideration and review of the proposed modification or alternative):

- What Type of Temporary Door Locking Device (TDLD) are you proposing to use?  
\_\_\_\_\_
- Can the proposed TDLD be opened by Administrators, Staff, and First Responders from either side of the door where the device is used? \_\_\_ Yes \_\_\_ No
- Has an approved School Safety Plan been put in place? \_\_\_ Yes \_\_\_ No
- Has In-Service Training been provided to all personnel implementing the school safety plan and for the proposed TDLD being used? \_\_\_ Yes \_\_\_ No
- Has a Notification Plan been implemented when the TDLD is put in use for all drills and actual Active Shooter Hostile Event Response (ASHER)? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
(Signature of Submitter)

\_\_\_\_\_  
(Date)

**Mail To:** WV State Fire Marshal's Office, 1700 MacCorkle Ave. SE, 4th Floor North, Charleston, WV 25314



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REVIEWED BY: \_\_\_\_\_

AREA ASFM or ASFM III

\_\_\_\_\_ APPROVED

\_\_\_\_\_ REJECTED

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DEPUTY FIRE MARSHAL

\_\_\_\_\_ APPROVED

\_\_\_\_\_ REJECTED

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

STATE FIRE MARSHAL

\_\_\_\_\_ APPROVED

\_\_\_\_\_ REJECTED

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_