

VARIANCE REQUEST FORM – DOOR SECUREMENT DEVICES

Return by mail to:

Department of Inspections, Appeals, and Licensing
Health and Safety Division/Fire Prevention Bureau
6200 Park Avenue Suite 100
Des Moines, IA 50321-1270
Phone (515) 725-6145

DATE: _____

BUILDING INFORMATION

OWNER INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

County: _____

CODE SECTION & DEVICE USED

The following is the justification for variance of International Fire Code, 2015 Edition, Section 1010 Rule(s): 1010.1.9.5
The previously listed rules are not being met by utilizing the following door securement device (*during an active shooter scenario only*):

Device Name: _____

Manufacturer: _____

DEVICE USAGE

Do you agree that the door securement device will only be permitted to be used during an active shooter situation?

Yes No

The Iowa Dept. of Inspections, Appeals, & Licensing (DIAL) will require that the device be secured while not in use. The device will not be permitted to be hung next to the door. The device shall be secured in an accessible case, in a closet, desk drawer, etc.

The door securement device will be stored in accordance with the following: _____

ACTIVE SHOOTER POLICY

DIAL will require that the door securement device(s) will only be deployed by personnel who have been trained in such deployment. The building owner will provide a copy of their policy outlining the procedures to be followed during an active shooter scenario to the DIAL for review. (The policy should include direction for the deployment of the above listed device.)

Is there a copy of the policy that addresses active shooter response with this variance submittal?

Yes No

Other Comments: _____

- **I hereby certify that the information listed above is correct and accurate and that I am the owner or the owner's authorized agent.**

Signature: _____

Name & Title (*Please print*): _____

(over – FOR OFFICE USE ONLY)

STATE FIRE MARSHAL RECOMMENDATION

Approval _____ Conditional Approval (*see below*) _____ Disapproval _____

Comments:

Supervisor

IOWA DEPT OF INSPECTIONS, APPEALS, & LICENSING (DIAL) DIRECTOR DETERMINATION

Approval _____ Conditional Approval (*see below*) _____ Disapproval _____

Comments:

- **This variance is subject to periodic review and may be withdrawn by this office for just cause at any time. The granting of this variance shall NOT be considered as setting precedent. Each request for a variance shall be considered on its own merit.**

Larry Johnson Jr., Director

Date

cc: Owner/Authorized Agent & Inspector

Date _____