

# VARIANCE REQUEST FORM – DOOR SECUREMENT DEVICES

Return by mail to:

**DIVISION OF STATE FIRE MARSHAL**  
Iowa Department of Public Safety  
215 East 7<sup>th</sup> Street  
Des Moines, IA 50319  
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 State Fire Marshal 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

*The State Fire Marshal 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 State Fire Marshal 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)

**SPECIAL AGENT IN CHARGE RECOMMENDATION**

Approval \_\_\_\_\_ Conditional Approval (*see below*) \_\_\_\_\_ Disapproval \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor

**STATE FIRE MARSHAL'S 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.**

\_\_\_\_\_  
Dan Wood, State Fire Marshal

\_\_\_\_\_  
Date

cc: Owner/Authorized Agent & Inspector  
Date \_\_\_\_\_