



Village of Mastic Beach-Office of the Fire Marshal

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MBFM007 8/2011

EXIT AND EMERGENCY LIGHT CERTIFICATE OF FITNESS

This form is to be completed by a New York State licensed electrical contractor-only after conducting and witnessing a functional test of ALL exit and emergency lighting fixtures within the occupancy listed. As per Section §1011.5.3 of the 2010 Edition of the New York State Fire Code, this test requires that all exit and emergency lighting function at full power for a minimum of ninety (90) minutes. If any one device fails to conform to this requirement, the device must be repaired or replaced. Should the party responsible for the subject premises refuse to all the repairs, the system MUST fail.

PRINT OR TYPE ALL ANSWERS. IF ANY PART OF THE FORM IS ILLEGIBLE, IT WILL BE REJECTED.

Occupancy Name:

Address:

Business owners rep present for test:

Date of Inspection: Start Time: End Time: Duration:

Inspecting Firm Name:

Inspecting Firm Address:

City: State: Zip Code:

Phone: NYS Electricians License #:

Number of emergency lights in building: Did you test all devices: Yes: No: If NO, explain below.

Number of EXIT lights in building: Did you test all devices: Yes: No: If NO, explain below.

What breaker(s) in which panel(s) supply the exit & emergency lighting?:

TEST OUTCOME-CHOOSE ONLY ONE ANSWER

- All devices tested and fully functioned for at least ninety (90) minutes.
- All devices were tested but problems were noted. These problems were all corrected at which time the fixtures were retested and functioned properly for at least ninety (90) minutes. Attach all related invoices and paperwork.
- All devices were tested and the problems indicated below were noted-preventing use from certifying that this system is in compliance with the New York State Fire Code. Attach copies of all related paperwork.

CERTIFICATION: I am in an employee of the inspecting firm listed above, I do hereby certify that the exit and emergency lighting systems and components described above were inspected in accordance with all applicable portions of the NYS Fire Code and National Electrical Code (current versions), as well as all applicable portions of the Chapter 220 of the Code of the Incorporated Village of Mastic Beach. This certification does not imply that any items requiring daily, weekly, monthly or quarterly inspection or testing were performed at the specified intervals, but DOES imply that all such items were tested and inspected and functioned as noted in this certification at the time of the inspection.

I certify that this inspection has been properly conducted and that all of the above statements are true and correct to the best of my knowledge.

I am aware that any false statement made herein is punishable as a misdemeanor pursuant to Section §210.45 of the New York State Penal Law.

THIS ORIGINAL DOCUMENT WITH SIGNATURE IN BLUE OR BLACK IS THE ONLY FORM ACCEPTED

Signature: Print:

OFFICE USE ONLY

Approved Rejected FM Reviewing: Date: Entered: