



Incorporated Village of Mastic Beach

Office of the Fire Marshal

369 Neighborhood Road

Mastic Beach, NY 11951

Voice: 631-379-6450 Fax: 631-772-2432

Email: c.grover@masticbeachvillageny.gov

FIRE ALARM SYSTEM

CERTIFICATE OF FITNESS AND TESTING

NOTE: THIS FORM IS THE ONLY ACCEPTABLE PROOF OF INSPECTION BY THIS OFFICE

WARNING: YOU ARE REQUIRED TO NOTIFY THIS OFFICE, THE FIRE DEPARTMENT AND ALL OCCUPANTS THAT YOU ARE TESTING BEFORE COMMENCING WITH SAME. SHOULD ANY AGENCY BE DISPATCHED AS A RESULT OF YOUR FAILURE TO COMPLY, LEGAL ACTION WILL BE TAKEN AGAINST YOU.

ALL INFORMATION IS TO BE LEGIBLY TYPED OR PRINTED

ESTABLISHMENT NAME: _____
ADDRESS: _____
NAME OF REP/AGENT FOR BLDG PRESENT: _____
NATURE OF VISIT BY YOUR FIRM: _____
TYPE OF SYSTEM: _____ HAS OCCUPANCY CHANGED SINCE LAST VISIT?: _____
NAME OF CENTRAL STATION: _____
ADDRESS OF CENTRAL STATION: _____
PHONE NUMBER OF CENTRAL STATION: _____
FD NAME & PHONE # BEING CALLED BY CENTRAL STATION: _____

INSPECTION OUTCOME-CHOOSE ONLY ONE ANSWER

- System and all devices appear clean, were tested & functioned as per manufacturers specification & applicable codes. This includes all music & fan shut downs.
- All devices were tested but problems were noted. These problems were all corrected at which point the system was retested and all devices functioned as per manufacturers specification and applicable codes. (You must attach invoice and related paperwork).
- All devices were tested but the problems indicated below were noted-preventing us from certifying the system as being in compliance with New York State and Village Law. (attach copies of all invoices and paperwork). This includes dirty devices and refusal of owner/agent to allow repairs.

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NAME OF INSPECTING FIRM: _____	NYS LICENSE#: _____
ADDRESS OF INSPECTING FIRM: _____	
PHONE NUMBER OF INSPECTING FIRM: _____	

CERTIFICATION: I am an employee of the inspecting firm listed above and have been properly trained to inspect, maintain and repair fire alarm systems. By signing my name to this document, I hereby certify and attest that the above information is factual and true and that the inspection and repairs were done in accordance with the manufacturers specifications, the New York State Fire Code, Mastic Beach Village Code (Chapter 220) and the current edition of NFPA 72. This certification does NOT imply that any items requiring daily, weekly, monthly or quarterly inspection or testing were performed at specified intervals, but DOES imply that all such items were tested/inspected and functioned as noted in this certification at the time of my inspection. THIS INCLUDES PHYSICALLY TESTING ALL MUSIC AND FAN SHUNTS. I hereby 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 fully aware that any false statements made herein are punishable as a misdemeanor pursuant to Section §210.45 of the New York State Penal Law.

PRINT INSPECTORS NAME	SIGNATURE	DATE OF INSPECTION
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ORIGINAL COPY WITH SIGNATURE IN BLUE OR BLACK INK IS TO BE SUBMITTED TO THIS OFFICE AND A COPY LEFT ON OR ABOVE THE FIRE ALARM PANEL.

OFFICE USE ONLY

DATE RECEIVED MBFM009 0611	DATE REVIEWED	ACCEPTED: YES NO	ENTERED
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