



Incorporated Village of Mastic Beach
Office of the Fire Marshal
 Post Office Box 521
 369 Neighborhood Road
 Mastic Beach, NY 11951
 Voice: 631-379-6450 Fax: 631-772-2432
 Email: MBFM41@gmail.com

FIXED WET CHEMICAL EXTINGUISHING SYSTEM-CERTIFICATE OF FITNESS AND TESTING

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. IF WE CANT READ IT, WE WONT ACCEPT IT.
 THIS FORM IS IN ADDITION REQUIRED TAGGING OF SYSTEMS**

PROPERTY INSPECTED:		INSPECTING CONTRACTOR:
NAME:		NAME:
ADDRESS:		ADDRESS:
PROPERTY REP NAME:		CITY, STATE, ZIP:
DATE OF INSPECTION:		PHONE:
INSPECTORS NAME:		SUFFOLK COUNTY EXTINGUISHER LIC#
System designation:		
System manufacturer:		
Date installed:		
Connected to the fire alarm system?		YES
Type of extinguishing agent		
Potassium carbonate		Combination potassium c
Potassium acetate		
Wet chemical cylinder		
Normal pressure		psi (bar)
Manufacturers minimum pressure		psi (bar)
Normal weight		lbs (kg)
Manufacturers minimum weight		lbs (kg)
Equipment protected		
Deep fat fryer(s)		Upright broiler(s)
Grill(s)		Griddle(s)
Charbroiler(s)		Range top(s)

Equipment protected					
Deep fat fryer(s)		Upright broiler(s)		Other:	
Grill(s)		Griddle(s)		Other:	
Charbroiler(s)		Range top(s)		Other:	
Expellant gas cartridge--any provided?				YES	NO
If yes, normal weight (if carbon dioxide)				lbs (kg)	
If yes, normal pressure (if nitrogen)				psi (bar)	
Automatic shutdown of cooking equipment?				YES	NO
If yes,		Gas	Electric		
NFPA 17A Semi-Annual Maintenance					
Y=Satisfactory N=Unsatisfactory (explain below) N/A=Not Applicable					
Note: pressures and weights are satisfactory if equal to or greater than minimums listed on page 1.					
Record wet chemical cylinder pressure in psi (bar) (if stored pressure type)					
Expellant gas cartridge (if expellant gas type) Record pressure of nitrogen in psi (bar)					
Record weight of carbon dioxide in lbs (kg)					
Components are undamaged: Detectors and/or fusible links					
Expellant gas cylinder(s)					
Wet Chemical containers					
Releasing devices					
Piping					
Nozzles					
Alarms					
Auxiliary equipment					
Damaged components replaced or hydrostatically tested					
System piping was tested for obstructions					
System piping is not obstructed					
Fusible link(s) have been replaced (annually)					

Date of last hydrostatic test (required every 12 years)				
Hydrostatic test performed on:				
Wet chemical containers		YES		NO
Auxiliary pressure containers		YES		NO
Hose assemblies		YES		NO
Date of actuating test (required semi-annually)				
Manual release		Satisfactory		Unsatisfactory
Fusible link		Satisfactory		Unsatisfactory
Did actuation trip the fire alarm?	YES		NO	NA
Connection to shut off power to cooking equipment?		YES		NO
If yes, did all cooking equipment shut down on actuation?		YES		NO
Connection to shut down supply air to exhaust hood?		YES		NO
If yes, did fans shut down upon actuation?		YES		NO
Connection to shut down all electric power to outlets under the hood?		YES		NO
If yes, did all of the outlets under the hood shut down upon actuation?		YES		NO
DEFICIENCIES				

CERTIFICATION: I am an employee of the inspecting firm listed above and have been properly trained to inspect, maintain and repair fixed wet chemical extinguishing 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 17A.

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. I hereby certify that this inspection has been properly conducted and that all of the above statements and information is/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

OFFICE USE ONLY

DATE RECEIVED	DATE REVIEWED	ACCEPTED: YES NO	ENTERED
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