



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 REPAIR AFFIDAVIT

NOTE: THIS FORM IS THE ONLY PROOF OF REPAIR ACCEPTED 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 MUST BE LEGIBLY TYPED OR PRINTED

ESTABLISHMENT NAME: _____

ADDRESS: _____

NAME OF REP/AGENT FOR BLDG PRESENT: _____

FIRE MARSHAL NOTIFIED THAT WE WERE **ON SITE**: YES NO

METHOD OF FIRE MARSHAL NOTIFICATION

PHONE(631)-379-6450 TIME OF NOTIFICATION (MUST HAVE BEEN WHILE ON SITE) _____

EMAIL (c.grover@masticbeachvillageny.gov) TIME OF NOTIFICATION (MUST HAVE BEEN WHILE ON SITE)

NAME OF CENTRAL STATION: _____

PHONE NUMBER OF CENTRAL STATION: _____

INSPECTION OUTCOME-CHOOSE ONLY ONE ANSWER

Problem described below, has been repaired, nothing has been bypassed, all troubles have been cleared and the system is now in normal condition (legible copy of invoice has been attached).

Problem has been diagnosed and explained to the business owner/representative. Said owner/representative has refused to permit the repairs and the system was left in trouble/offline/powered down.

DESCRIBE PROBLEM(S) FOUND

NAME OF INSPECTOR: _____ INSPECTORS NYS F.A. LIC#: _____

NAME OF INSPECTORS FIRM: _____

PHONE NUMBER OF INSPECTORS FIRM: _____

CERTIFICATION: I am the employee/contractor named above and my signature is below. I am an employee of the inspecting firm listed above and have been properly trained to inspect, maintain and repair fire alarm systems. At the time of this inspection, I possessed the NYS issued Fire Alarm Installers license number indicated above.

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.

I hereby certify that the repairs indicated have been properly done 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 REPORT
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ORIGINAL COPY WITH SIGNATURE IN BLUE OR BLACK INK IS TO BE SUBMITTED TO THIS OFFICE AND IS THE ONLY ACCEPTABLE PROOF OF REPAIR

OFFICE USE ONLY

DATE RECEIVED MBFM0012 06/12	DATE REVIEWED	ACCEPTED: YES NO	ENTERED
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