



Village of East Hampton  
1 Cedar Street  
East Hampton, NY 11937  
**DEPARTMENT OF FIRE PREVENTION**  
Telephone 631-324-0763 Fax 631-324-0166

**Kenneth E. Collum**  
Fire Marshal

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## ANNUAL CERTIFICATION of INSPECTION and TESTING of FIRE ALARM and DETECTION SYSTEM

**CAUTION: NOTIFY ALL OCCUPANTS AND ANY AGENCIES WHO MIGHT RESPOND BEFORE TESTING SYSTEM. FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AGAINST THE INSPECTOR!**

PLEASE PRINT OR TYPE ALL INFORMATION

Name of Premises: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Fire Department as Listed on Central Station: Records: \_\_\_\_\_

Name of Occupant/Agent Present: \_\_\_\_\_

System is comprised of: Alarm System                                  Detection System                                  Combined System

Type of System: Manual                                  Automatic                                  Voice Evacuation                                  Other \_\_\_\_\_

Is Occupancy Type same as previous test? Yes, No Is the Building completely protected? Yes No

Is Fire Sprinkler system connected to the Alarm System? Yes, No N/A (No Equipment present) Is Hood Extinguishing System connected to the Alarm System? Yes, No N/A (No Equipment present) Name of Central Station: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List deficiencies noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were all deficiencies noted above corrected? \_\_\_\_\_ If not, why: \_\_\_\_\_

Name of Inspecting Firm: \_\_\_\_\_

Address of Inspecting Firm: \_\_\_\_\_

NYS Alarm License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CERTIFICATION: I, an employee of the Inspecting Firm listed above, do hereby certify that the fire alarm system described above was inspected in accordance with the applicable portions of NFPA 72 (Current Version), particularly Chapter 7 as well as Table 7-2.2 and Table 7-3.1 of NFPA 72. This Certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at the specified intervals, but does imply that all such times were inspected or tested and appeared to function as noted in this certification at the time of the of the inspection. I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_   
Print Name of Inspector

\_\_\_\_\_   
Signature of Inspector

\_\_\_\_\_   
Date

**ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE  
PENAL LAW.**

FORM WITH AN ORIGINAL SIGNATURE IS REQUIRED'.