



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

kcollum@easthamptonvillage.org

## COMMERCIAL KITCHEN FIRE SUPPRESSION SYSTEM CERTIFICATE OF COMPLETION

**Installing Contractor:**

**Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suffolk County License # and Type:** \_\_\_\_\_

**Installation Site:**

**Business Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Location of the system within the premise:** \_\_\_\_\_

**Certification:** Alternative automatic Fire-extinguishing System

- Conduct an Installation Checklist as per the manufacturer's specifications.
- Make a check of the systems to ensure compliance with the installation manual.
- Check to ensure that all nozzles are installed in the appropriate positions and locations.
- Automatically or manually activate the system utilizing a cylinder pressurized with air or nitrogen only.
- Check to ensure that all nozzle seals have broken and all fuel shut-offs have operated.
- Remove and inspect the nozzle strainer.
- Reset the system. Replace all nozzle seals.
- Provided the customer with a copy of the manufacturer's listed installation and maintenance manual or listed owner's manual.
- Instructed customer in the proper procedures on how to operate the Fire suppression system.
- The system has been installed in accordance with the approved plans and the manufacturer's listed installation and maintenance manual.

**Certification:** I am an Owner/Employee of the installing firm listed above, do hereby certify that the Fire Suppression system has been installed in accordance with the applicable portions of NYS Fire and Mechanical Code (2020), NFPA 17A (2017), NFPA 96 (2017), and manufactures specifications. I certify that this installation and acceptance tests have been properly performed in accordance with all reference standard requirements and Fire Marshal requirements prior to requesting a Fire Marshal witness test. In addition, I have advised the property owner that the cooking line protected by the above system shall not be used until the system is approved and accepted by the Fire Marshal's Office in writing. At this time, I would like to schedule the final witness test with the Fire Marshals Office.



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**PRINT: Name of Owner/Employee      SC#      SIGNATURE      DATE**

*Please provide a copy of the completed report to our Office by Email, Fax or Mail.*

**ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR**