



Incorporated Village of Westhampton Beach
 DEPARTMENT OF BUILDING AND ZONING
 165 Mill Road, Westhampton Beach, New York 11978
 (631) 288-3478 – Fax (631) 288-4332
 FIREMARSHAL@WESTHAMPTONBEACH.ORG



FIRE ALARM SYSTEM
INSPECTION & TESTING CERTIFICATION FORM

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: _____, WESTHAMPTON BEACH

FIRE DISTRICT AS LISTED ON CENTRAL STATION RECORDS: _____

NAME OF OCCUPANT/AGENT PRESENT: _____

TYPE OF SYSTEM: _____ SYSTEM CARBON MONOXIDE DETECTORS TESTED? Y / N
 (MANUAL, AUTOMATIC, VOICE EVACUATION, ETC.)

NAME OF CENTRAL STATION: _____ CENTRAL STATION PHONE: _____

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 _____

INSPECTING FIRM PHONE: _____ DATE OF INSPECTION: _____

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 items were inspected or tested and appeared to function as noted in this certification at the time 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.

(This form does **not** need to be notarized.)

For Office Use	Date Received: _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
FM _____	Date Reviewed: _____