



TOWN OF SOUTHOLD – FIRE MARSHAL  
 54375 MAIN ROAD P. O. BOX 11791 SOUTHOLD, NY 11971-0959  
 OFFICE (631) 765-1802 FAX (631) 765-9502

## FIRE SPRINKLER SYSTEM CERTIFICATE OF FITNESS AND TESTING

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

ESTABLISHMENT NAME:	DATE:
ADDRESS:	FIRE DISTRICT:
NAME OF OWNER OR AGENT PRESENT:	HAS OCCUPANCY CHANGED SINCE LAST VISIT? YES <input type="checkbox"/> NO <input type="checkbox"/>

NATURE OF INSPECTION, TESTING, MAINTENANCE:

TYPE OF SYSTEM:	IF DRY-PIPE SYSTEM, DATE OF LAST TRIP TEST:
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IS THE HAZARD CLASSIFICATION THE SAME AS PREVIOUS TEST: YES  NO

MAIN DRAIN TEST	PRESSURE DURING TEST:	PRESSURE AFTER TEST:
PRESSURE PRIOR TO TESTING:		

LIST ANY/ALL DEFICIENCIES:

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WERE THESE DEFICIENCIES CORRECTED? YES  NO  IF NOT, WHY?

**CERTIFICATION:** I, AN EMPLOYEE OF THE INSPECTING FIRM LISTED BELOW, DO HEREBY CERTIFY THAT THE ALARM SYSTEM DESCRIBED ABOVE WAS INSPECTED IN ACCORDANCE WITH THE APPLICABLE PORTIONS OF NFPA 25 (2017 VERSION). 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 ALL SUCH ITEMS WERE INSPECTED OR TESTED AND APPEAR TO FUNCTION AS NOTED IN THIS CERTIFICATION AT THE TIME OF 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.

**INSPECTING FIRM INFORMATION:**

COMPANY NAME:	LICENSE#:	
COMPANY ADDRESS:	PHONE:	
INSPECTOR'S NAME:	SIGNATURE	DATE:

ORIGINAL COPY WITH SIGNATURE IS TO BE SUBMITTED TO THE TOWN OF SOUTHOLD FIRE MARSHAL. A COPY IS TO BE LEFT ON SITE.

OFFICE USE ONLY:                      DATE RECEIVED \_\_\_\_\_