



**Town of Southampton**  
**DIVISION OF FIRE PREVENTION**  
 18 Jackson Avenue  
 Hampton Bays, NY 11946  
 Telephone: 631-702-2919  
 Fax: 631-728-3688

**John Rankin**  
 Chief Fire Marshal

**Annual Certification of Inspection and Testing**  
**(Pursuant to Section 123-1 Town of Southampton Code)**

**FIRE ALARM 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 ALL INFORMATION*

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

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

Fire District: \_\_\_\_\_ Name of Owner or Agent present: \_\_\_\_\_

Is Occupancy **HAZARD CLASSIFICATION** same as previous test?: \_\_\_\_\_

Type of System: \_\_\_\_\_ Does System report to Central Station: \_\_\_\_\_  
 (Manual, Automatic, Voice Evacuation, etc.)

Carbon Monoxide detection present in compliance with Southampton Town Code? Yes \_\_\_ No \_\_\_

Name of Central Station: \_\_\_\_\_ Phone: \_\_\_\_\_ UL Listed \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

Phone Number of Inspecting Firm: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**CERTIFICATION:** I am an employee of the Inspecting Firm listed above, do hereby certify that the Alarm System described above was inspected in accordance with the applicable portions of NFPA 72 (2007 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 appear to function as noted 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.

\_\_\_\_\_  
**PRINT** name of inspector

\_\_\_\_\_  
**SIGNATURE** of Inspector

\_\_\_\_\_  
 Date

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

FM USE ONLY Received: \_\_\_\_\_ Approval \_\_\_\_\_