



Town of Southampton
DIVISION OF FIRE PREVENTION
18 Jackson Avenue
Hampton Bays, NY 11946
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John J. Rankin
Chief Fire Marshal

Annual Certification of Inspection and Testing
(Pursuant to Section 123-1 Town of Southampton Code)
FIRE SPRINKLER 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: _____ If DRY Pipe System, date of trip test: _____
(Wet, Dry, Pre-Action, etc.)

2" Main Drain Test: Pressure before test _____ Pressure during test _____ Pressure after test _____

List all deficiencies noted: _____

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

Name of Inspecting Firm: _____

Address: _____

Phone Number of Inspecting Firm: _____ Date of Inspection: _____

CERTIFICATION: I am an employee of the Inspecting Firm listed above, do hereby certify that the Sprinkler System described above was inspected in accordance with the applicable portions of NFPA 25 (1998 version), particularly Table 2-1 and Table 9-1 of NFPA 25. 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 _____