



INCORPORATED VILLAGE OF LAKE GROVE
OFFICE OF THE FIRE MARSHAL
980 HAWKINS AVENUE
POST OFFICE BOX 708
LAKE GROVE, NY 11755
VOICE(516)807-6412 FAX(631)981-0965

DATE OF INSPECTION

**FIRE SPRINKLER SYSTEM
CERTIFICATE OF FITNESS AND TESTING**

WARNING: YOU ARE REQUIRED TO NOTIFY THIS OFFICE, THE FIRE DEPARTMENT AND ALL OCCUPANTS THAT YOU ARE TESTING **BEFORE** COMMENCING WITH SAME. SHOULD ANY AGENCY BE CALLED TO RESPOND AS A RESULT OF YOUR FAILURE TO COMPLY, LEGAL ACTION WILL BE TAKEN AGAINST YOU.

ALL INFORMATION IS TO BE LEGIBLTY PRINTED OR TYPED

ESTABLISHMENT NAME: _____
ADDRESS: _____
NAME OF REP/AGENT FOR BUILDING PRESENT: _____
NATURE OF THIS VISIT BY YOUR FIRM: _____
TYPE OF SYSTEM: _____ IF DRY PIPE SYSTEM, DATE OF LAST TRIP TEST: _____
IS THE HAZARD CLASSIFICATION SAME AS PREVIOUS TEST?: _____
2-INCH DRAIN TEST: PRESSURE PRIOR TO TEST: _____ PRESSURE DURING TEST: _____ PRESSURE AFTER TEST: _____
LIST ALL DEFICIENCIES: _____
WERE THESE DEFICIENCIES CORRECTED ? _____ IF NO, WHY? _____
NAME OF INSPECTING FIRM: _____ NYS LICENSE #: _____

ADDRESS OF INSPECTING FIRM: _____
PHONE NUMBER OF INSPECTING FIRM: _____

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 (adopted version), particularly Table 2-1, and Table 9-1 of NFPA 25. This certification does not imply that any items requiring daily, weekly, monthly or quarterly inspection or testing were performed at specified intervals, but DOES imply that all such items were tested/inspected 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. I am also aware that any false statement made herein is punishable as a misdemeanor pursuant to Section §210.45 of the New York State Penal Law.

PRINT INSPECTORS NAME	SIGNATURE	DATE
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ORIGINAL COPY WITH SIGNATURE IN BLUE OR BLACK INK IS TO BE SUBMITTED TO THIS OFFICE AND A COPY IS TO BE LEFT ON SITE IN OR ABOVE THE FIRE ALARM PANEL.

OFFICE USE

FM ASSIGNED: _____	DATE REVIEWED: _____	CC#: _____
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