TOWN OF RIVERHEAD ~ OFFICE OF THE FIRE MARSHAL

1295 Pulaski Street, Riverhead New York 11901 (631) 727-3200 ext. 601 Fax (631) 727-3370

ANNUAL CERTIFICATION of INSPECTION and TESTING

(Pursuant to Section 64-13C Town of Riverhead 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.)

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 of Inspecting Firm: _____

NYS Alarm License Number: _____ Expiration Date: _____

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

CERTIFICATION: I, 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 (2002 version), particularly Chapter 7 as well as Table 7-2.2, 7-3.1 & 7-3.2. 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 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.

_____	_____	_____
PRINT name of Inspector	SIGNATURE of Inspector	Date

File Form with original signature to the Fire Marshal Office at above address. DO NOT send fax

ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR

FM USE ONLY: Received:_____ Approval: _____