



Incorporated Village Of Westhampton Beach
DEPARTMENT OF BUILDING AND ZONING

165 Mill Road
Westhampton Beach, New York 11978
(631) 288-3478 – Fax (631) 288-4332

PAUL HOULIHAN
Building & Zoning Administrator

BRIDGET NAPOLI
Ordinance Enforcement Officer

WILLIAM HART
Fire Marshal

Tax Map # _____ - _____ - _____

FIRE ALARM SYSTEM
Inspection & Testing Certification Form

Official Use Only	
Approved [<input type="checkbox"/>]	Disapproved [<input type="checkbox"/>]
FM _____	Date _____

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 OR TYPE ALL INFORMATION

Name of Premises: _____

Address of Premises: _____

Fire District as Listed on Central Station Records: _____

Name of Occupant/Agent Present: _____

Type of System: _____ System Carbon Monoxide Detectors Tested? Y / N
(Manual, Automatic, Voice Evacuation, etc.)

Name of Central Station: _____ Central Station Phone Number: _____

List deficiencies noted: _____

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

Name of Inspecting Firm: _____

Address of Inspecting Firm: _____

NYS Alarm License #: _____ 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 fire alarm system described above was inspected in accordance with the applicable portions of NFPA 72 (Current 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 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.

Print Name of Inspector

Signature of Inspector

Date

ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

(This form does **not** need to be notarized.)