



**TOWN OF SMITHTOWN  
DEPARTMENT OF PUBLIC SAFETY  
FIRE PREVENTION DIVISION**  
65 MAPLE AVENUE, SMITHTOWN, NEW YORK 11787  
Office: (631) 360-7553 Fax: (631) 360-7677

**FIRE ALARM 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 MAY BE TAKEN AGAINST YOU.

**ALL INFORMATION IS TO BE LEGIBLY PRINTED OR TYPED**

ESTABLISHMENT NAME:		DATE OF INSPECTION
ADDRESS:		
NAME OF REP/AGENT FOR BUILDING PRESENT:		
NATURE OF THIS VISIT BY YOUR FIRM:		
TYPE OF SYSTEM:	HAS OCCUPANCY CHANGED SINCE LAST TEST?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF CENTRAL STATION:		
CENTRAL STATION ADDRESS:		
CENTRAL STATION PHONE NUMBER:		
<i>FIRE DEPARTMENT NORMALLY CALLED BY CENTRAL STATION</i>	FIRE DEPARTMENT NAME:	FIRE DEPARTMENT PHONE NO.:
LIST ALL DEFICIENCIES: ..... ..... .....		
WERE THESE DEFICIENCIES CORRECTED?: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHY?:	
NAME OF INSPECTING FIRM:	NYS LICENSE #:	
ADDRESS OF INSPECTING FIRM:		
PHONE NUMBER OF INSPECTING FIRM:		
<b>CERTIFICATION:</b> I AM AN EMPLOYEE OF THE INSPECTING FIRM LISTED ABOVE, AND DO HEREBY CERTIFY THAT THE FIRE ALARM SYSTEM DESCRIBED ABOVE WAS INSPECTED IN ACCORDANCE WITH THE APPLICABLE SECTIONS OF NFPA 72 (CURRENT VERSION), PARTICULARLY CHAPTER 7, AS WELL AS, ALL APPLICABLE SECTIONS OF THE TOWN OF SMITHTOWN FIRE PREVENTION LAW (LL No 4-1990 AS AMENDED). THIS CERTIFICATION DOES NOT IMPLY THAT THE 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 §210.45 OF THE NEW YORK STATE PENAL LAW.		
INSPECTOR'S NAME (PRINT)	SIGNATURE	DATE

ORIGINAL COPY WITH SIGNATURE IN BLUE OR BLACK INK IS TO BE SUBMITTED TO THE SMITHTOWN DEPARTMENT OF PUBLIC SAFETY, FIRE PREVENTION DIVISION AND A COPY, SUBJECT TO INSPECTION, IS TO BE LEFT ON SITE IN OR ABOVE THE ALARM PANEL.

**OFFICE USE:**

FM:	DATE REVIEWED:	CC#
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