



Town of Smithtown Department of Public Safety
 Fire Prevention Division
 65 Maple Avenue, Smithtown, NY 11787
 Voice: 631-360-7553 Fax: 631-360-7677



FIRE ALARM SYSTEM REPAIR AFFIDAVIT

NOTE: THIS FORM IS THE ONLY PROOF OF REPAIR ACCEPTED BY THIS OFFICE.

WARNING: Prior to commencing with any test or inspection, you are required to notify the correct fire department, this office and all of the occupants within the building. It is your responsibility to know which fire district you are in. SHOULD ANY AGENCY BE DISPATCHED AS A RESULT OF YOUR FAILURE TO COMPLY, LEGAL ACTION WILL BE TAKEN AGAINST YOU.

ALL INFORMATION MUST BE TYPED OR PRINTED. ILLEGIBLE FORMS WILL BE REJECTED.

Establishment Name:	
Address:	
Business Representative Present:	

Fire Marshal Notified that we were on site:	<input type="radio"/> Yes	<input type="radio"/> No	Time of Notification:
Method of notification:	<input type="radio"/> Phone (631)360-7553		<input type="radio"/> Email fire@SmithtownNY.gov
Fire Department notified that we were on site:	<input type="radio"/> Yes	<input type="radio"/> No	Time of Notification:
<input type="radio"/> Commack FD (631)499-6690	<input type="radio"/> Kings Park/Smithtown/Hauppauge (631)265-1503	<input type="radio"/> St. James/Nesconset/Nissequogue (631)361-3473	
Central Station Name and Telephone Number:			

INSPECTION OUTCOME-CHOOSE ONE

- Problem described below has been repaired, nothing has been bypassed, all troubles have been cleared and the system is now in normal condition (legible copy of all supporting paperwork has been attached). NOTE: This form is to be submitted to the Fire Marshals Office within 15 days.
- Problem has been diagnosed and the system was left in trouble/offline/powered down as a result of the issues stated below. NOTE: This form must be submitted to the Fire Marshals Office within 24 hours.

DESCRIBE PROBLEM FOUND AND RESOLUTION

Name of Inspector:		Inspectors NYS FA License#:	
Name of Inspection Firm:			
Phone Number of Inspection Firm:			

CERTIFICATION

I am the employee/contractor named above and my signature is below. I am an employee of the inspecting firm listed above and have been properly trained to inspect, maintain and repair fire alarm systems. At the time of this inspection, I possessed the NYS issued Fire Alarm Installers license number indicated above. By signing my name to this document, I hereby certify and attest that the above information is factual and true and that the inspection and repairs were done in accordance with the manufacturers specifications, the New York State Fire Code, Smithtown Code and the currently referenced edition of NFPA 72. 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 functioned as noted in this certification at the time of my inspection. I hereby certify that the repairs indicated have been properly done and that all of the above statements are true and correct to the best of my knowledge. I am fully aware that any false statements made herein are punishable as a misdemeanor pursuant to Section §210.45 of the New York State Penal Law.

Print Name	Signature	Report Date

ORIGINAL COPY WITH SIGNATURE IN BLUE OR BLACK INK IS TO BE SUBMITTED TO THIS OFFICE AND IS THE ONLY ACCEPTABLE PROOF OF REPAIR.