



TOWN OF SMITHTOWN
DEPARTMENT OF PUBLIC SAFETY
FIRE PREVENTION DIVISION
 65 Maple Avenue, Smithtown, NY 11787
 631-360-7553



Wet Chemical System Acceptance Test Report

Property Information

Building Name: _____
 Address: _____
 Building Owner: _____
 Address: _____
 Phone/Fax/Email: _____

Designer/Installer Information

Company Name: _____
 Address: _____
 Contact Person: _____
 Phone/Fax/Email: _____

Description of Hazard Protected: _____

System Manufacturer and Model: _____

System Check and Test (NFPA 17A References)	Results (Pass/Fail)
Installation in accordance with approved plans and manufacturer's design, installation and maintenance manual	
Piping Test (6.4.4.2)	
Proper Labeling (6.4.5)	
Proper Alarm Operation (6.4.6)	
Manual Release Accessibility (6.4.7)	
Release Control Panel (6.4.9)	
Automatic Detection and Manual Release (6.4.8)	
System Properly Charged and Left in Normal "Set" Condition (6.4.10)	
Manual Left with Owner (6.4.10.4)	
Date System Left in Service:	

Test Witness By:

 Owner/Authorized Agent Title Date

 Installing Contractor Title Date

Additional Comments: _____

