



Village of Southampton
 23 Main Street
 Southampton, NY 11968
DEPARTMENT OF FIRE PREVENTION
 Telephone 631 283-0247 Ext.152
 Fax 631 283-0649
 dmcnamara@southamptonvillage.org

DEAN McNAMARA
 Fire Marshal II

Annual Certification of Inspection and Testing
FIRE SPRINKLER 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 or agency. **Southampton Fire Department: (631)-283-0056**

PLEASE PRINT ALL INFORMATION

Name of Business: _____ Phone # _____

Address of Business: _____

Name of Inspecting Firm: _____ Phone # _____

Address of Inspecting Firm: _____

Is the occupancy (HAZARD CLASSIFICATION) same as previous tests? _____

Type of system: _____ If a dry system, date of trip test: _____
 (Wet, Dry, Pre-action, etc.)

2" Main Drain Test: Pressure before test: _____ Pressure During test: _____ Pressure after test: _____

List any and all deficiencies observed: _____

Were all deficiencies note above corrected? Yes / No / NA If not, why? _____

Has the building owner been made aware of any and all deficiencies that have not been corrected? Yes / No

Additional Notes: _____

CERTIFICATION, I AM AN EMPLOYEE OF THE INSPECTING FIRM LISTED ABOVE DO HEREBY CERTIFY THAT THE FIRE SPRINKLER SYSTEM DISCRIBED ABOVE WAS INSPECTED IN ACCORDANCE WITH ALL APPLICABLE PORTIONS OF NFPA 25 (2008 edition) AND THAT THIS INSPECTION HAS BEEN PROPERLY CONDUCTED AND ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEGDE.

ANY FALSE STATEMENTS MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR.

INSPECTOR: _____ TIME: _____ DATE: _____

NAME OF AGENT
 PRESENT: _____ TIME: _____ DATE: _____

**RETURN A COMPLETED COPY OF THIS REPORT TO THE FIRE MARSHALS OFFICE WITHIN 10 DAYS AFTER COMPLETING THE TEST.
 REPORT ANY SYSTEM THAT IS OUT OF SERVICE IMMEDIATELY TO 631-283-0247 Ext. 152.**