



Village of Southampton
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DEAN McNAMARA
 FIRE MARSHAL

DEPARTMENT OF FIRE PREVENTION

FIRE ALARM INSPECTION AND TESTING FORM

INSPECTING FIRM

NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP : _____
 REPRESENTATIVE: _____
 LICENSE NO. : _____
 TELEPHONE : _____

MONITORING COMPANY

NAME: _____
 TELEPHONE: _____
 ACCOUNT NO. : _____

CUSTOMER

NAME: _____
 ADDRESS: _____
 OWNER CONTACT: _____
 TELEPHONE: _____
 FAX: _____

CONTROL UNIT

MANUFACTURER: _____
 MODEL: _____
 LAST SERVICE DATE: _____

WHAT NUMBER WILL CENTRAL STATION CALL TO REPORT AN ALARM TO THE SOUTHAMPTON F.D. ? _____

DEVICE AND CIRCUIT INFORMATION

QUANTITY	DESCRIPTION	QUANTITY	DESCRIPTION
_____	MANUAL FIRE ALARM BOXES	_____	WATER FLOW SWITCHES
_____	ION DETECTORS	_____	BELLS
_____	PHOTO DETECTORS	_____	HORNS
_____	DUCT DETECTORS	_____	STROBES
_____	HEAT DETECTORS	_____	SPEAKERS
_____	SPRINKLER VALVE SUPERVISORY	_____	SPRINKLER TAMPER SUPERVISORY
_____	BUILDING TEMPERATURE SUPERVISORY	_____	OTHER

SYSTEM POWER SUPPLY

DEDICATED CIRCUIT? YES NO
 PANEL BOARD AND CIRCUIT DESIGNATION _____
 CIRCUIT NUMBER IS LABELED ON FIRE _____
 ALARM CONTROL UNIT? YES NO
 DISCONNECTING MEANS IS SECURED? YES NO
 DISCONNECTING MEANS CLEARLY LABELED? YES NO

BATTERIES

DATE OF BATTERY INSTALLATION OR "UNKNOWN" _____
 CHARGER TEST PASS FAIL UNK
 LOAD VOLTAGE PASS FAIL UNK
 DISCHARGE TEST PASS FAIL UNK

