



# Village of Quogue

7 Village Lane  
PO Box 926  
Quogue, NY 11959  
**DIVISION OF FIRE PREVENTION**  
Telephone: (631) 653-4498  
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David Schaffauer  
Fire Marshal

## Annual Certification of Inspection and Testing (Pursuant to Section 35-6 Village of Quogue Code)

### FIRE ALARM 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.

PLEASE PRINT ALL INFORMATION

Name of premises: \_\_\_\_\_

Address of premises: \_\_\_\_\_

Fire District: \_\_\_\_\_ Name of owner or agent present: \_\_\_\_\_

Is occupancy HAZARD CLASSIFICATION same as previous test? \_\_\_\_\_

Type of system: \_\_\_\_\_ Does system report to Central Station? \_\_\_\_\_  
(Manual, Automatic, Voice Evacuation, ect.)

Carbon Monoxide detection present in compliance with Southampton Town Code? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Central Station: \_\_\_\_\_ Phone: \_\_\_\_\_ UL Listed: \_\_\_\_\_

List all deficiencies noted: \_\_\_\_\_

Were all deficiencies notes above correct? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

Name of Inspecting Firm: \_\_\_\_\_ Phone number of Inspecting Firm: \_\_\_\_\_

Address of Inspecting Firm: \_\_\_\_\_

NYS Alarm License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Date of inspection: \_\_\_\_\_

**CERTIFICATION:** I am an employee of the Inspecting Firm listed above, do hereby certify that the Alarm System described above was inspected in accordance with the applicable portions of NFPA 72 (2007 version), particularly Chapter 7 as well as Table 7-2.2 and Table 7-3.1 of NFPA 72. This Certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at the specified intervals, but does imply that all such items were inspected or tested and appear to function as noted this certification at the time of 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.

PRINT Name of Inspector

SIGNATURE of Inspector

Date

**ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR**

FM USE ONLY Received: \_\_\_\_\_ Approval: \_\_\_\_\_