



Edward Deyermond, Mayor
 Edward J. Gregory, Trustee
 Brian Gilbride, Trustee
 Sandra L. Schroeder, Village Clerk

631-725-0222
 P.O. Box 660
 55 Main St., Sag Harbor, L.I., N.Y.
 11963-0015
 Fax: 631-725-0316
OFFICE OF THE FIRE MARSHAL
631-725-2804

Gregory N. Ferraris, Deputy Mayor
 Tiffany Scarlato, Trustee
 Craig Furrer, Village Treasurer
 Lisa Kombrink, Esq.

FIRE ALARM INSPECTION AND TESTING FORM

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">SERVICE COMPANY</th> </tr> <tr> <td style="text-align: center;">NAME</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">ADDRESS</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">CITY/STATE/ZIP</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">REPRESENTATIVE</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">LICENSE NO.</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">TELEPHONE</td> <td>_____</td> </tr> </table>	SERVICE COMPANY		NAME	_____	ADDRESS	_____	CITY/STATE/ZIP	_____	REPRESENTATIVE	_____	LICENSE NO.	_____	TELEPHONE	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">CUSTOMER</th> </tr> <tr> <td style="text-align: center;">NAME</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">ADDRESS</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">OWNER CONTACT</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">TELEPHONE</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">TODAY'S DATE</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">START TIME</td> <td>_____</td> </tr> </table>	CUSTOMER		NAME	_____	ADDRESS	_____	OWNER CONTACT	_____	TELEPHONE	_____	TODAY'S DATE	_____	START TIME	_____
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DEVICE AND CIRCUIT INFORMATION			
QUANTITY	CLASS	DESCRIPTION	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	MANUAL FIRE ALARM BOXES	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	ION DETECTORS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	PHOTO DETECTORS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	DUCT DETECTORS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	HEAT DETECTORS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	WATERFLOW SWITCHES	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	BELLS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	HORNS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	STROBES	
		--NOTIFICATION DEVICES HAVE 2 HR FIRE-RATED CABLE ASSEMBLY	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPEAKERS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPRINKLER VALVE SUPERVISORY	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPRINKLER TAMPER SUPERVISORY	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	BUILDING TEMPERATURE SUPERVISORY	

OVER ▶

SYSTEM POWER SUPPLY	
DEDICATED CIRCUIT	<input type="checkbox"/> YES <input type="checkbox"/> NO
PANELBOARD AND CIRCUIT DESIGNATION	_____
CIRCUIT NUMBER IS LABELED ON FIRE ALARM CONTROL UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCONNECTING MEANS IS SECURED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCONNECTING MEANS IS CLEARLY LABELED	<input type="checkbox"/> YES <input type="checkbox"/> NO

BATTERIES	
DATE OF BATTERY INSTALLATION OR "UNKNOWN"	DATE: _____
CHARGER TEST	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
LOAD VOLTAGE	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
DISCHARGE TEST	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
BATTERY CONDITION	<input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE

SYSTEM TESTS AND INSPECTIONS			
NOTIFICATIONS ARE MADE PRIOR TO ANY TESTING			
MONITORING ENTITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME:	_____
BUILDING OCCUPANTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME:	_____
BUILDING MANAGEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME:	_____
FIRE MARSHAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME:	_____

DEVICE	TEST TYPE	COMMENTS
CONTROL UNIT	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
LAMPS/LEDs	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
TROUBLE SIGNALS	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
AUDIBLE NOTIFICATION DEVICES	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
VISIBLE NOTIFICATION DEVICES	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
TELEPHONE LINE(s)	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS			
DEVICE LOCATION	DEVICE TYPE	TEST TYPE	RESULTS
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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HAVE ANY DEVICES BEEN ADDED OR REMOVED SINCE THE LAST INSPECTION? YES NO
 IS THE FIRE ALARM CONTROL UNIT PROTECTED BY A SMOKE DETECTOR? YES NO
 WAS THE TRANSMISSION OF ALARM EVENTS TO THE MONITORING ENTITY CONFIRMED? YES NO

HAVE THE FOLLOWING BEEN NOTIFIED THAT TESTING IS COMPLETE?
 MONITORING AGENCY YES NO
 BUILDING OCCUPANTS YES NO
 BUILDING MANAGEMENT YES NO
 FIRE MARSHAL YES NO

IS THE SYSTEM FUNCTIONING NORMALLY? YES NO
 IS THE SYSTEM MONITORED? YES NO

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH NFPA 72			
NAME OF INSPECTING TECHNICIAN	_____	NAME OF OWNER OR REPRESENTATIVE	_____
TECHNICIAN'S SIGNATURE	_____	OWNER OR REPRESENTATIVE SIGNATURE	_____
DATE: _____	TIME: _____	DATE: _____	TIME: _____

ATTACH CENTRAL STATION'S LOG OF THE TEST TO THIS REPORT AND RETURN TO:
 SAG HARBOR VILLAGE FIRE MARSHAL, PO BOX 660, SAG HARBOR, NY 11963
 TEL 631-725-2804 FAX 631-725-4852