



**Incorporated Village Of Westhampton Beach**  
DEPARTMENT OF BUILDING AND ZONING

165 Mill Road  
Westhampton Beach, New York 11978  
(631) 288-3478 – Fax (631) 288-6275

**PAUL HOULIHAN**  
Building & Zoning Administrator

**BRIDGET NAPOLI**  
Code Enforcement Officer

**WILLIAM HART**  
Fire Marshal

Tax Map #905-\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FIRE SPRINKLER SYSTEM**  
**Inspection & Testing Certification Form**

<b>Official Use Only</b>	
Approved [ <input type="checkbox"/> ]	Disapproved [ <input type="checkbox"/> ]
FM _____	Date _____

**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 OR TYPE ALL INFORMATION*

Name of Premises: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Fire District: \_\_\_\_\_ Name of Owner/Occupant Agent Present: \_\_\_\_\_

Is Occupancy **Hazard Classification** same as previous test?: \_\_\_\_\_

Type of System: \_\_\_\_\_ If Dry Pipe system, date of trip test: \_\_\_\_\_  
(Wet, Dry Pipe, Pre-Action, etc.)

2" Main Drain Test:

Pressure **before** test: \_\_\_\_\_ Pressure **during** test : \_\_\_\_\_ Pressure **after** test : \_\_\_\_\_

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

Were **all** deficiencies noted above corrected? \_\_\_\_\_ If not, why: \_\_\_\_\_

Name of Inspecting Firm: \_\_\_\_\_

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

Phone Number of Inspecting Firm: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**CERTIFICATION: I, an employee of the Inspecting Firm listed above, do hereby certify that the sprinkler system described above was inspected in accordance with the applicable portions of NFPA 25 (Current Version), particularly Table 2-1 and Table 9-1 of NFPA 25. 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 appeared to function as noted in this certification at the time of the 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 PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.**

**FORM WITH AN ORIGINAL SIGNATURE IS REQUIRED! DO NOT SEND BY FAX!**