



**Division of Fire Prevention**

One Independence Hill, Farmingville, 11738  
(631) 451-6262 FAX: (631) 451-6283

FP-09 rev. 4/04

PLEASE TYPE OR PRINT CLEARLY

**F.M. Use ONLY**

OK \_\_\_\_\_ NOT OK \_\_\_\_\_

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!**

1. NAME OF PREMISE:	
2. ADDRESS OF PREMISE:	
3. FIRE DISTRICT:	4. NAME OF OWNER/OCCUPANT AGENT PRESENT:
5. Is Occupancy <b>Hazard Classification</b> same as previous test?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. TYPE OF SYSTEM: (WET, DRY PIPE, PRE-ACTION, ETC.)	7. IF DRY PIPE SYSTEM, DATE OF TRIP TEST:
8. 2" MAIN DRAIN TEST: Pressure <b>before</b> test: _____ Pressure <b>during</b> test : _____ Pressure <b>after</b> test : _____	
9. List deficiencies noted or check box if no deficiencies noted: <input type="checkbox"/>	
10. Were all deficiencies noted above corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why:	
11. NAME OF INSPECTING FIRM:	
12. ADDRESS OF INSPECTING FIRM:	
13. PHONE NUMBER OF INSPECTING FIRM:	14. DATE OF INSPECTION:
<p><b>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 <u>does not imply</u> that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at the specified intervals, but <u>does imply</u> 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.</b></p>	
15. PRINT NAME OF INSPECTOR:	16. SIGNATURE OF INSPECTOR:
17. 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!**

(This form does not need to be notarized.)