



**Division of Fire Prevention**

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

FP-02 rev. 01/17

PLEASE TYPE OR PRINT CLEARLY

**CAUTION: NOTIFY ALL OCCUPANTS AND ANY AGENCIES WHO MIGHT RESPOND BEFORE TESTING SYSTEM. FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AGAINST THE TECHNICIAN AND /OR THE INSPECTION FIRM.**

<b>F.M. Use ONLY</b>	
OK _____	NOT OK _____
FM _____	
Date: _____	

1. NAME OF PREMISE:	
2. ADDRESS OF PREMISE:	
3. FIRE DISTRICT AS LISTED ON CENTRAL STATION RECORDS:	4. NAME OF OWNER/OCCUPANT AGENT PRESENT:
5. TYPE OF SYSTEM: (MANUAL, AUTOMATIC, VOICE EVACUATION, ETC.)	6. IS OCCUPANCY TYPE SAME AS PREVIOUS TEST?
7. NAME OF CENTRAL STATION:	8. CENTRAL STATION PHONE NUMBER:
9. List deficiencies noted or check box if no deficiencies noted: <input type="checkbox"/>	
<i>Please Note: Lack of Carbon Monoxide detection in compliance with Brookhaven Town Code Chapter 30, Article XXX Sections 173 through 183 shall be considered a deficiency and shall be noted in the deficiencies section above by the inspector completing this form.</i>	
10. Carbon Monoxide detection present in compliance with Brookhaven Town Code? Yes No	
11. Were all deficiencies noted above corrected? Yes No If not, why:	
12. NAME OF INSPECTING FIRM:	
13. ADDRESS OF INSPECTING FIRM:	
14. NYS ALARM LICENSE #:	15. EXPIRATION DATE:
16. PHONE NUMBER OF INSPECTING FIRM:	17. DATE OF INSPECTION:
<p><b>CERTIFICATION: I, an employee of the Inspecting Firm listed above, do hereby certify that the fire alarm system described above was inspected in accordance with the applicable portions of NFPA 72 (current NYSFP&amp;BC reference standard edition) and Brookhaven Town Local Law. 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.</b></p>	
18. PRINT NAME OF TECHNICIAN:	19. SIGNATURE OF TECHNICIAN:
	19. 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.)