



INCORPORATED VILLAGE OF LAKE GROVE
OFFICE OF THE FIRE MARSHAL
POST OFFICE BOX 798
LAKE GROVE, NY 11755
VOICE: 516-807-6412 FAX: 866-884-5378
EMAIL: AJB5540@OPTONLINE.NET
WWW.LAKEGROVENY.GOV

Fire Alarm Record of Completion

Scope

This is to notify you that the procedure for an installation inspection of Fire Alarm Systems shall be done in the following manner:

All fire alarm systems shall be 100 % tested before an installation inspection can be scheduled with the Lake Grove Fire Marshals Office.

The "FIRE ALARM SYSTEM RECORD OF COMPLETION" form which is attached to this letter is to be completed in its entirety then faxed or emailed back to this office via the methods listed above. We will not schedule an inspection until this form is received reviewed and approved.

The Lake Grove Fire Marshals Office will not schedule any inspections until the Record of Completion Form is received. In addition,

all telephone lines are to be installed and live, central station should be programmed as per requirements set forth in your plans

review approval and the central station should be prepared to go live as they will be required to transmit received signals to the fire

department at the time of final inspection.

Prior to the arrival of a Fire Marshal from this office for the test, insure that all equipment, tools, ladders, 2-way radios, smoke, magnets and other necessary items are on site and readily available for use. You must also make sure that all persons; i.e. fire alarm contractor, electrical contractor, sprinkler contractor, elevator contractor, HVAC contractor, Fire pump contractor, Fixed suppression contractor and any other party whose equipment is tied in or relies on fire alarm system components is on site with at least one qualified representative.

If any of these requirements are not met, the test will be cancelled and you will be required to reapply (which includes repaying the inspection fee).

Printed and electronic As-Built copies if any must be on site at the time of final inspection to be stamped.

At the end of the test, the Stamped Fire Marshal Inspectional Copy of the plans or any as built copies are to be put into an appropriately sized PVC tube installed as close to the fire alarm panel as possible.

We strongly recommend that you type this form as if any items are not legible or are left blank, the form will be rejected and no inspection will be done.

Record of Completion Fire Alarm and Fire Detection Systems

Date: _____
Name of Facility: _____
Property Address: _____ Town/Village: _____
Installing Company: _____
Address: _____ Town/Village: _____
Installers Name: _____ License Number: _____
Owner or Rep: _____ Title: _____
General Contractor: _____
Electrical Contractor: _____
FACP Mfg: _____ FACP Model: _____ System Type: _____
Exact location of panel Ex: (North wall of stock room): _____
Exact location of remote annunciator: _____

You must complete the zone list on the next page. If this is an addressable system, you must include a device list.

FACP Circuit Breaker is located in panel: _____ FACP Circuit Breaker is number: _____
Pull station reset method is (key (specify exact key, allen wrench size, screwdriver type etc): _____
 As required we have left at least one tool/key needed to reset the pull stations in the Fire alarm control panel.
FACP Primary telephone number: _____ FACP Secondary telephone number: _____
Central Station name and address: _____
Central Station 24 Hour Phone: _____ Central Station 24 Fax: _____

You must include the required confirmation letter from central station as per Installation instruction sheet.

- This system has been installed. pre-tested and operates in accordance with the standards listed below, includes the devices listed below and was inspected on the date indicated below by the person indicated below.
- NFPA 72
- NFPA 70, National Electrical Code, Article 760, Manufacturers Instructions.
- Manufacturers Instructions.
- NYS Fire Code, Chapter
- Other (specify)

System Firmware: _____ Installed version: _____
Checksum: _____ Date: _____
Initial Program Installation: _____ Date: _____
Revisions and reasons: _____

Programmed by: _____

Inspector signature: _____ Inspection Date: _____

Equipment Installed and Tested

Control Panel	___ of ___	Make/Model:	_____
Manual Station	___ of ___	Make/Model:	_____
Smoke Detectors	___ of ___	Make/Model:	_____
Heat Detectors	___ of ___	Make/Model:	_____
Duct Detectors	___ of ___	Make/Model:	_____
A/V Devices	___ of ___	Make/Model:	_____
Audio Devices	___ of ___	Make/Model:	_____
Visual Devices	___ of ___	Make/Model:	_____
Auto Door Release	___ of ___	Make/Model:	_____
Trouble Indicators	___ of ___	Make/Model:	_____
Batteries	___ of ___	Make/Model:	_____

Readings: On battery: _____ Full Load: _____ Charge: _____

Generator	___ of ___	Make/Model:	_____
HVAC Controls	___ of ___	Make/Model:	_____
Fire Alarm Dialer	___ of ___	Make/Model:	_____
Annunciator	___ of ___	Make/Model:	_____

Sprinkler System (Fire Alarm connections only)

Water Flow Switch	___ of ___	Make/Model:	_____
Valve Tamper Switch	___ of ___	Make/Model:	_____
PIV	___ of ___	Make/Model:	_____
Electric Alarm Bell	___ of ___	Make/Model:	_____

Does this installation meet/exceed the audible/visual requirements of NFPA 72, Section 7 of the 2002 Edition? YES NO

Was the test of this alarm system conducted on battery power with satisfactory results? YES NO

Comments: _____

Fax this form to 866-884-5378 or
 EMail to ajb5540@optonline.net

Zone List

Note: If this is an addressable system you are to submit a typed or computer generated document listing each device, its location and (LOCATION): its program label. Photocopy this sheet if additional pages are needed.

System is addressable and as such, we have attached the documentation required to this form

Examples:

Zone: **1** Type: **Supv** # of devices : **1** Device Type(s): **Duct Detector**

Coverage Area(s) Above drop ceiling in the NW corner of the stock room. There is a remote annunciator in the ceiling below.

Zone: **2** Type: **Alarm** # of devices : **6** Device Type(s): **Ionization Smoke Detectors**

Coverage Area(s): **South side of the stock room, bathroom and office areas.**

Zone: _____ Type: _____ # of devices : _____ Device Type(s): _____

Coverage Area(s) _____

Zone: _____ Type: _____ # of devices : _____ Device Type(s): _____

Coverage Area(s) _____

Zone: _____ Type: _____ # of devices : _____ Device Type(s): _____

Coverage Area(s) _____

Zone: _____ Type: _____ # of devices : _____ Device Type(s): _____

Coverage Area(s) _____

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Coverage Area(s) _____

Zone: _____ Type: _____ # of devices : _____ Device Type(s): _____

Coverage Area(s) _____