



Village of Lake Grove Fire Marshals Office  
 Post Office Box 708 Lake Grove, NY 11755  
 Voice: 516-807-6412 Fax: 866-884-5378  
 Email: [FireMarshal@LakeGroveNY.Gov](mailto:FireMarshal@LakeGroveNY.Gov)



**FIRE ALARM CERTIFICATE OF FITNESS AND TESTING**

WARNING: As per 14.2.4.1 of NFPA 72-2013, you are required to notify this office, the fire department and all occupants that you are testing/inspecting before commencing with same. As per 14.2.4.2 of NFPA 72-2013, you are also required to make the same notifications upon completion of the testing. Failure to comply will result in legal action against you. Should any agency be dispatched to the subject location as a result of your failure to comply, additional legal action will be taken against the inspector/technician.

2022/FACOF

**ALL INFORMATION IS TO BE LEGIBLY PRINTED OR TYPED.** If we can't read it, we will reject it.

**THIS FORM IS THE ONLY PROOF OF INSPECTION ACCEPTED & MUST BE SUBMITTED WITHIN 5 DAYS OF THE INSPECTION**

ESTABLISHMENT INFORMATION Section 1		INSPECTING CONTRACTOR Section 2	
ESTABLISHMENT NAME:		COMPANY:	
ADDRESS:		ADDRESS:	
PROPERTY REP NAME:		CITY, STATE, ZIP:	
NATURE OF YOUR VISIT:		PHONE:	
HAS OCCUPANT CHANGED SINCE LAST INSPECTION?:		INSPECTORS NAME:	
DATE OF INSPECTION:		INSPECTORS NYS LICENSE #:	
CENTRAL STATION INFORMATION Section 3			
CENTRAL STATION NAME:			
CENTRAL STATION PHONE #:			
FIRE DEPARTMENT INFORMATION Section 4			
FIRE DEPT BEING CALLED BY CENTRAL STATION:			
FIRE DEPT PHONE NUMBER BEING USED BY CENTRAL STATION:			
✓ TEST OUTCOME-CHOOSE ONLY ONE (1) ANSWER Section 5			
<input type="checkbox"/> A-System and all devices were tested & functioned as per manufacturers specification & all applicable codes. <b><i>This includes fan and music shutdowns.</i></b>			
<input type="checkbox"/> B-All devices were tested & problems were noted. These problems were all corrected at which point the system was retested. All devices functioned as per manufacturers specifications & all applicable codes. I have attached all supporting documentation as required.			
<input type="checkbox"/> C-All devices were tested & the problems indicated below were noted. The owner/occupant of the establishment has been notified in writing as per NFPA 72-13 14.2.2.2.3 but refused to allow us to make the necessary repairs. This prevents us from certifying the system as being in compliance with the NYS Fire Code.			
CARBON MONOXIDE DETECTION SYSTEM Section 6			
<input type="checkbox"/> THERE IS <b>NO</b> CARBON MONOXIDE DETECTION SYSTEM INSTALLED AT THIS LOCATION.			
<input type="checkbox"/> THERE ARE BATTERY OPERATED CARBON MONOXIDE DETECTORS INSTALLED AT THIS LOCATION			
<b>If you checked box B or C in Section 5 above, you must list all issues found with the system here:</b>			

CERTIFICATION: I am the inspector/technician named above. I am an employee of the firm listed above & possess the NYS Fire Alarm License stated above. I have been properly trained to inspect, clean & repair the fire alarm equipment installed at this location. By signing this form, I do hereby attest that the above information is factual and true and the inspection/repairs were done in accordance with the manufacturers specifications, the current edition of the NYS Fire Code, the current referenced edition of NFPA 72 and the Code of the Incorporated Village of Lake Grove. This certification does not imply that any items requiring daily, weekly, monthly or quarterly inspection or testing were performed at the specified intervals, but does imply that all such items were tested/inspected and functioned as noted in this certification at the time of my inspection. This includes physically testing all music and fan shunts.

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. I am also aware that any false statement made herein is a misdemeanor pursuant to Section §210.45 of the New York State Penal Law.

Inspectors Signature	
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