



Village of Lake Grove Fire Marshals Office
 Post Office Box 708
 Lake Grove, NY 11755
 Voice: 516-807-6412
 Fax: 866-884-5378



Email: lakegrovefiremarshal@gmail.com

EXIT & EMERGENCY LIGHT CERTIFICATE OF FITNESS

This form must be completed by a NYS licensed electrician. The form is to be completed only after conducting and witnessing a functional test of ALL exit & emergency lighting fixtures within the occupancy listed. As per 2010 NYSFC §1011.5.3, this test requires that all exit & emergency light fixtures function at full power for a minimum of ninety (90) minutes. If any one device fails to conform to this requirement, the device is to be repaired or replaced. Should the party responsible for the premise refuse to allow for the repairs, you must fail the system.

ALL INFORMATION IS TO BE LEGIBLY PRINTED OR TYPED. If we cant read it, we will reject it.

THIS FORM IS THE ONLY PROOF OF INSPECTION ACCEPTED BY THIS OFFICE

2014/EELCOF

PROPERTY INSPECTED:					INSPECTING CONTRACTOR:	
NAME:					COMPANY:	
ADDRESS:					ADDRESS:	
PROPERTY REP NAME:					CITY, STATE, ZIP:	
DATE OF INSPECTION:					PHONE:	
TIME STARTED:		TIME		DURATION:	INSPECTORS NAME:	
					NYS LICENSE #:	

Devices Tested	YES	NO
Did you test all EMERGENCY LIGHTS?		
Did you test all EXIT LIGHTS?		
<i>If you answered "NO" to either of these questions, you must explain why below:</i>		

Fixtures	
Number of Emergency Light fixtures installed in this establishment:	
Number of Exit light fixtures installed in this establishment:	
What is the breaker # and panel that supplies the exit/emergency lights?	

✓	TEST OUTCOME-CHOOSE ONLY ONE (1) ANSWER
<input type="checkbox"/>	All devices were tested and fully function for at least the required ninety (90) minutes.
<input type="checkbox"/>	All devices were tested but problems were noted. These problems WERE ALL CORRECTED at which point the fixtures were retested and properly for at least ninety (90) minutes.
<input type="checkbox"/>	All devices were tested and the problems indicated below were found. This prevented us from certifying this system as being in compliance with §1011.5.3 of the 2010 NYS Fire Code.

NOTE: You MUST attach copies of ALL INVOICES AND PAPERWORK relating to this inspection!

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CERTIFICATION: I am the electrician named above. I am an employee of the firm listed above. By signing this form, I do hereby certify that the exit and emergency lighting systems and components described above was inspected by me, in accordance with the applicable portions of the 2010 New York State Fire Code, the referenced version of the National Electrical Code, as well as all applicable portions of Chapter 89 of the Code of the Village of Lake Grove. This certification does not imply that any item(s) requiring daily, weekly, monthly or quarterly inspection or testing was/were done 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 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. 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.

Applicant Signature	
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