



TOWN OF SMITHTOWN
DEPARTMENT OF PUBLIC SAFETY
FIRE PREVENTION DIVISION
65 MAPLE AVENUE, SMITHTOWN, NEW YORK 11787
Office: (631) 360-7553 Fax: (631) 360-7677

FIRE ALARMS:
PROCEDURES FOR FINAL INSPECTION, TEST AND APPROVAL

SCOPE: The following are the procedures to be followed prior to arranging a final test and inspection of fire alarm system installations within the Town of Smithtown:

- (1) All fire alarm systems shall be 100% pre-tested before a final installation inspection will be scheduled with a fire marshal.
- (2) A "**RECORD OF COMPLETION: FIRE ALARM & FIRE DETECTION SYSTEMS**" [form DPS343-03/11 (attached)] must be completed in its entirety [see note below] and faxed or e-mailed to this office:

fax: (631) 360-7677 e-mail: firemarshalls@tosgov.com

- (3) Once received, the RECORD OF COMPLETION must be reviewed and approved by a fire marshal prior to inspection/test scheduling.
- (4) All telephone lines are to be installed and live.
- (5) The central station shall be programmed as per requirements set forth in the previously approved installation plans.
- (6) The central station shall be prepared to go live and ready to transmit received signals to the fire department at the time of final inspection and approval.
- (7) Print and electronic copies of any "as-built" plans must be on site at the time of final inspection and ready for the fire marshal to stamp as approved.
- (8) Prior to the arrival of a fire marshal from this office for the test, insure that all equipment, tools, ladders, two-way radios, smoke, magnets and other necessary items are on site and readily available for use.
- (9) All persons whose equipment is tied in, or relies on fire alarm system components, are to be on site with at least two qualified representatives during inspection and testing including, but not limited to:

fire alarm contractor	electrical contractor
fire sprinkler contractor	elevator contractor
HVAC contractor	fire pump contractors
fixed suppression system contractor	

- (10) At the end of the test, the stamped fire marshal inspection copy of the installation plans and/or any "as-built" copies are to be left on site in an appropriately sized PVC tube installed as close to the fire alarm panel as possible.

If any of these requirements, set forth herein, are not met, the test will be cancelled by the fire marshal and you will be required to re-apply.

NOTE: It is strongly recommended that the Record of Completion: Fire Alarm & Fire Detection Systems is typed. If any item is not legible or is left blank, the form will be rejected. No inspection will be scheduled until the form is approved and on file in this office.



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RECORD OF COMPLETION:
FIRE ALARM & FIRE DETECTION SYSTEMS

NAME OF FACILITY:		DATE:
ADDRESS:		
CITY/STATE/ZIP:		
OWNER OR REPRESENTATIVE NAME:	TITLE:	
INSTALLING COMPANY:		
ADDRESS:		
CITY/STATE/ZIP:		
INSTALLER'S NAME:	LICENSE NUMBER:	
GENERAL CONTRACTOR:		
ELECTRICAL CONTRACTOR:		
FACP MFG:	FACP MODEL:	SYSTEM TYPE:
FACP CIRCUIT BREAKER IS LOCATED IN PANEL:		FACP CIRCUIT BREAKER NUMBER:
FACP PRIMARY TELEPHONE NUMBER:	FACP SECONDARY TELEPHONE NUMBER:	
EXACT LOCATION OF PANEL [IE. NORTH WALL STOCK ROOM]:		
EXACT LOCATION OF REMOTE ANNUNCIATOR:		

THE ZONE LIST ON PAGE 4 OF THIS FORM MUST BE COMPLETED. IF THIS IS AN ADDRESSABLE SYSTEM, A DEVICE LIST MUST BE PROVIDED.

PULL STATION RESET METHOD IS [KEY (SPECIFY EXACT KEY), ALLEN WRENCH, SCREWDRIVER TYPE, ETC.]:	
<input type="checkbox"/> AS REQUIRED, AT LEAST ONE TOOL/KEY NEEDED TO RESET THE PULL STATIONS HAS BEEN LEFT IN THE FIRE ALARM CONTROL PANEL.	
CENTRAL STATION NAME:	CENTRAL STATION ADDRESS:
CENTRAL STATION 24-HOUR PHONE NUMBER:	CENTRAL STATION 24-HOUR FAX NUMBER:

THE REQUIRED CONFIRMATION LETTER FROM THE CENTRAL STATION AS PER THE INSTALLATION INSTRUCTION SHEET MUST BE INCLUDED.

<input type="checkbox"/> THIS SYSTEM, INCLUDING DEVICES LISTED IN THIS FORM, HAS BEEN INSTALLED, PRE-TESTED AND OPERATES IN ACCORDANCE WITH THE STANDARDS AND CODES LISTED BELOW; AND THIS SYSTEM HAS BEEN INSPECTED BY THE UNDERSIGNED <i>INSPECTOR</i> ON THE DATE INDICATED.	
<input type="checkbox"/> NFPA 72	
<input type="checkbox"/> NFPA 70, NATIONAL ELECTRICAL CODE, ARTICLE 760, MANUFACTURER'S INSTRUCTIONS.	
<input type="checkbox"/> MANUFACTURERS INSTRUCTIONS.	
<input type="checkbox"/> NYS FIRE CODE, CHAPTER 164 OF THE CODE OF THE TOWN OF SMITHTOWN.	
<input type="checkbox"/> OTHER (SPECIFY) _____	
SYSTEM FIRMWARE:	INSTALLED VERSION:
CHECKSUM:	DATE:
INITIAL PROGRAM INSTALLATION:	DATE:
REVISIONS AND REASONS:	
PROGRAMMED BY:	
INSPECTOR SIGNATURE:	INSPECTION DATE:



FACILITY NAME:

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 requirement of NFPA 72, Section 7 (2002 Edition)? Yes No
(if NO, explain below)

Was the test of this alarm system conducted on battery power with satisfactory results? Yes No
(if NO, explain below)

Comments: _____



**TOWN OF SMITHTOWN DEPARTMENT OF PUBLIC SAFETY
FIRE PREVENTION DIVISION
RECORD OF COMPLETION: FIRE ALARM & FIRE DETECTION SYSTEMS**

FACILITY NAME:

ZONE LIST

If this is an addressable system, a typed or computer generated list of each device, its location and its program label is to be submitted with this form. Photocopy this page if additional space for the zone list is needed.

EXAMPLE:

Zone: 1 Type: Supv. No. 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 No. of Devices: 6 Device Type(s): Ionization Smoke Detectors
 Coverage Area(s): South side of the stock room, bathroom and office areas.

Zone: _____ Type: _____ No. of Devices: _____ Device Type(s): _____
 Coverage Area(s): _____

Zone: _____ Type: _____ No. of Devices: _____ Device Type(s): _____
 Coverage Area(s): _____

Zone: _____ Type: _____ No. of Devices: _____ Device Type(s): _____
 Coverage Area(s): _____

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 Coverage Area(s): _____

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Zone: _____ Type: _____ No. of Devices: _____ Device Type(s): _____
 Coverage Area(s): _____