## **Town of Orangetown**

## **BUREAU OF FIRE PREVENTION**

20 Greenbush Road Orangeburg, New York 10962 Ph. 845-365-0204\* Fax 845-365-0241

NOTIFY 44-CONTROL BEFORE TESTING:845-364-8888 TIME OF NOTIFICATION:\_\_\_\_\_DISPATCHER NAME:\_\_\_\_\_ Annual Inspection/Certification of Fire Sprinkler System Copy of report is to be received by Fire Inspectors office via fax or mail within 10 days of inspection Place of Inspection: Name\_\_\_\_\_Address\_\_\_\_\_ Contact Person\_\_\_\_\_\_Phone#\_\_\_\_-\_\_\_ Inspector:print name: Company: \_\_\_\_\_Address\_\_\_\_ Phone#\_\_\_\_\_-\_\_\_ Date of Inspection/Certification:\_\_\_\_/\_\_\_/ Is Fire Sprinkler system adequate for hazard being protected?\_\_\_\_\_\_Yes.\_\_\_\_\_No. List all Deficiencies: Above items are to be corrected immediately/Fire Inspectors office to be notified by property/business owner within 48hrs of completion of repairs. Signature: responsible person at premise Signature: Inspector Sign in place indicating location of Fire Department Connection?\_\_\_\_Yes\_\_\_No Note Location of: F.D Connection: Sprinkler Control Room or Rooms Method of notification of sprinkler activation: audible in building?\_\_\_Yes\_\_\_No\_\_\_\_ Type. Is sprinkler system connected to fire alarm system?\_\_\_\_\_\_Yes\_\_\_\_\_No

This is page 1 of 2 all applicable parts of attached inspection form are to be filled out!