



Village of Southampton
71 Hill Street, Suite #1
Southampton, NY 11968
DEPARTMENT OF FIRE PREVENTION
Telephone 631 204-2152
Fax 631 283-0649
Email: shvfiremarshal@hotmail.com

DEAN McNAMARA
Fire Marshal II
THOMAS E SWENSON
Fire Marshal I

**COMMERCIAL KITCHEN FIRE SUPPRESSION SYSTEM
CERTIFICATE OF COMPLETION**

Installing Contractor:

Name: _____ Phone # _____

Address: _____

Suffolk County License # and Type: _____

Installation Site:

Name: _____ Phone # _____

Address: _____

Location of system on premise: _____

Certification: Alternative automatic Fire-extinguishing System

- Conduct an Installation Checklist as per the manufactures specifications.
- Make a check of the systems to insure compliance with the installation manual.
- Check to insure that all nozzles are installed in the appropriate positions and locations.
- Automatically or manually activate the system utilizing a cylinder pressurized with air or nitrogen only.
- Check to insure that all nozzle seals have broken all fuel shut-offs have operated.
- Remove and inspect nozzle strainer.
- Reset the system. Replace all nozzle seals.
- Provided the customer with a copy of the manufacturer's listed installation and maintenance manual or listed owner's manual.
- Instructed customer in the proper procedures on how to operate the Fire suppression system.
- The system has been installed in accordance with the approved plans and the manufacturer's listed installation and maintenance manual.

Certification: I am an Owner/Employee of the installing firm listed above, do hereby certify that the Fire Suppression system has been installed in accordance with the applicable portions of NYS Fire and Mechanical code, NFPA 17A (1998), NFPA 96 (1998), and manufactures specifications. I certify that this installation and acceptance tests have been properly performed in accordance with all reference standard requirements prior to requesting a Fire Marshal witness test. In addition, I have advised the property owner that the cooking line protected by the above system shall not be used until the system is approved and accepted by the Fire Marshal's Office in writing. At this time I would like to schedule the final witness test with the Fire Marshals Office.

PRINT: Name of Owner/Employee

SIGNATURE

DATE

PLEASE FAX A COPY TO (631)-283-0649 AND MAIL ORIGINAL TO THE ABOVE ADDRESS.

ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR