



Village of Southampton
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DEPARTMENT OF FIRE PREVENTION
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DEAN McNAMARA
Fire Marshal II

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

Installing Contractor:

Name: _____ Phone # _____

Address: _____

Suffolk County License # and Type: _____

Installation Site:

Business Name: _____ Phone # _____

Address: _____

Location of system within the premise: _____

Certification: Alternative automatic Fire-extinguishing System

- Conduct an Installation Checklist as per the manufacture's specifications.
- Make a check of the systems to ensure compliance with the installation manual.
- Check to ensure 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 ensure 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 (2020), NFPA 17A (2017), NFPA 96 (2017), and manufactures specifications. I certify that this installation and acceptance tests have been properly performed in accordance with all reference standard requirements and Fire Marshal 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 SC# SIGNATURE DATE

Please provide a copy of the completed report to our Office by Email, Fax or Mail.

ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR