



DEPARTMENT OF
BUILDINGS & REGULATORY COMPLIANCE

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210
518.434-5995 | FAX 518.434.6015 | EMAIL: CODES@ALBANYNY.GOV

This form must be filled out by a licensed Fire Alarm Installer when the alarm system is in full compliance and returned to the Division of Building & Codes. A separate form must be submitted for each Alarm System.

Date: _____ Permit No.: _____ License No.: _____
License Holder: _____ Phone No.: _____
Person Performing Test: _____
Address of Certification: _____
Owner Name: _____ Phone No.: _____
Owner Address: _____
(including city, state & zip)

This is to certify that the fire alarm system, which has been installed or worked on by the above applicant, located at the above referenced address in the City of Albany, NY, has been inspected and found to be in compliance with all NYS Building Code & referenced standards, and is in full operation.

All applicable items or devices listed below have been checked and tested for proper operation, placement listed below and initialed by the person performing the test. An accurate count of such devices is also listed. If the items are not applicable they have been marked as such (N/A) and initialed.

Item/Device	Amount	Initial
Smoke Detectors		
Pull Stations		
Fan Shut Down		
Elevator Recall		
Sprinkler Alarms		
Smoke & Fire Dampers		
Auto Dialer (if no auto dialer – system must be labeled "LOCAL ALARM ONLY – For Emergency Dial 911")	Circle One	
Bells		
Strobes		
Horns		
Chimes		
Battery Condition		
Speakers		
Duct Detectors		
Heat Detectors		
All areas have proper decibel levels		
All magnetic door holders release on alarm		
All sub-panels report back to the main panel		
Annunciation Location Labels Installed & Checked		
Suppression System connected to Fire Alarm Panel		

List all items installed or checked that are not listed above:

Item/Device	Amount	Initial

List any items which do not comply with NYS Building Code & referenced standards:

Item/Device	Amount	Initial

Has current annual NFPA required certification test been completed? Yes No
If no, building does not comply and certification cannot be accepted.

I hereby certify that I have read the instructions and examined this form and know the same to be true and correct.

Signature of Person Performing Test

Date

Signature of License Holder

Date