



Nassau County Fire Commission
Office of the Fire Marshal
1194 Prospect Avenue
Westbury, N.Y. 11590
(516) 573-9900
nassaucountyny.gov/firemarshal

Sprinkler / Standpipe FDC Five Year Functionality Test Application

Site Information (Location where test is to be performed)

Building/Property Owner: _____

Business Representative: _____ Phone #: _____

Site Address: _____ City: _____ Zip: _____

Date of Test: _____ Time of Test Start: _____

The fee is \$550 per FDC, checks made payable to Nassau County Treasurer. This application and fee must be filed with the Nassau County Fire Marshal's Office at least two weeks prior to the scheduled test date.

- The fire department connections and associated piping up to and including the fire department connection check valve shall be hydrostatically tested by applying a pressure of 150 psig directly to each fire department connection and satisfactorily maintaining such pressure for not less than 2 hours.
- Upon completion, the fire department connection header shall be drained and the drip valve left in good working order.
- If the fire department connection and piping is isolated during the hydrostatic testing, the system shall be restored by removing plugs and reconnecting all piping.
- The contractor shall endeavor to ensure that the sprinkler system is not out of service overnight. If it is impracticable to restore the system for fire department use, the licensed contractor supervising such testing shall notify the building owner or manager and the Nassau County Fire Marshal's Office.
- Where a required fire protection system is out of service for more than ten (10) hours in a twenty-four (24) hour period, an approved fire watch shall be implemented for the portion of the building affected by the system out of service until such time the required fire sprinkler system is repaired and restored to normal operational condition.

Sprinkler Licensee Information

Company Name: _____ License Number: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ email: _____

Requester's Name: _____ Signature: _____

TEST RESULTS ARE TO BE FILED NO LATER THAN TEN (10) DAYS FROM DATE OF TEST FOR PASS OR FIVE (5) DAYS FOR FAILURE

Date of Test Result Submission: _____

PASS FAIL - **NEW APPLICATION & FEE REQUIRED TO RETEST** Status of System: Normal Impaired

Certificate of Fitness Holder Name: _____ COF Number: _____

COF Holder Signature: _____ Contact Number: _____

For Fire Marshal Use Only

Location ID: _____ Date Received: _____ Check #: _____ Amount: _____

Test ID: _____

Fire Marshal Name: _____ FM Signature / Sh #: _____ Date: _____

Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.