



Town of Riverhead, Fire Marshal's Office

4 West 2nd Street
Riverhead, NY 11901
631-727-3200 X 601



EXIT & EMERGENCY LIGHT CERTIFICATE OF FITNESS

This form must be completed by a NYS licensed electrician. The form is to be completed only after conducting and witnessing a functional test of all exit and emergency lighting fixtures within the occupancy listed. As per. 2020 FCNYS section 1031.2 and 1031. This test requires that all of emergency light fixtures function at full power for a minimum of ninety (90) minutes. If anyone device fails to conform to this requirement, the device is to be repaired or replaced. Should the party responsible for the premise refuse to allow for the repairs, you must fail the system.

ALL INFORMATION TO BE LEGIBLY PRINTED

Property Inspected:	Inspecting Contractor:
Name:	Company:
Address:	Address:
Property Rep.:	City, State, Zip:
Date of Inspection:	Phone:
Start and End Times:	Inspectors Name:
Tax Map #:	NYS License:

Devices Tested:	YES	NO	QUANTITY
Did you test ALL Emergency Lights?			
Did you test <u>ALL</u> Exit Lights?			
If you answered "No" to any of the above, you must explain why.			

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	TEST OUTCOME (choose ONE of the below)
	All devices were tested and functioned for minimum required ninety (90) minutes.
	All devices were tested one or more failed 90-minute test, problems were corrected, all were retested and PASSED test.
	All devices were tested one or more FAILED and correction were not able to be performed, and non-compliant with NYS Code.
	Attach all invoices and or work orders in connection with this test.

CERTIFICATION: I am the electrician named above. I am an employee of the firm listed above. By signing this form, I do hereby certify that the exit and emergency lighting systems and components described above was inspected by me, in accordance with the applicable portions of the 2020 New York State Fire Code, section 1031.10.2, the referenced version of the National Electrical Code, as well as all applicable portions of Chapter 231 of the Code of the Town of Riverhead. This certification does not imply that any item(s) requiring daily, weekly, monthly or quarterly inspection or testing was/were done at the specified intervals, but does imply that all such items were tested/inspected and functioned as noted in this certification at the time of inspection.

I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge. I am also aware that any false statement made herein is a misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

Name Printed:	Date:
Signed:	