

\*\* ORIGINAL FORM MUST BE SUBMITTED TO FIRE MARSHAL'S OFFICE WITHIN 10 DAYS OF TESTING

## Deficiencies:

## All deficiencies corrected?

Y or N

If No, why?

CERTIFICATION: I, an employee of the inspecting firm listed above, do hereby certify that the private fire service mains, fire hydrants(s) and privately operated pumping facilities described above have been inspected in accordance with the applicable portions of NFPA 25, 2017 edition. This certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at specific intervals but does imply that all such items inspected or tested appeared to function as noted in this certification at the time of the 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.

Print name of Inspector

**Signature of Inspector**

Date