



City of Salem, Massachusetts Fire Department

*No Fee
Acceptance Test*

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FIRE ALARM & SPRINKLER CERTIFICATION

DATE: _____

FROM: _____
NAME: _____ TELEPHONE: _____

ADDRESS: _____

ADDRESS OF PROPERTY: _____

I hereby certify that the **FIRE ALARM** system at the above names property has been inspected and tested in accordance with the manufacturers recommended practices and is installed in compliance with all applicable Massachusetts State Codes.

SIGNATURE: _____ CERTIFICATE# _____

TYPE OF CERTIFICATE: Electrician _____ Fire Alarm Contractor _____ Sprinkler Contractor _____

DATE OF INSPECTION/TEST: _____

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I hereby certify that the **AUTOMATIC SPRINKLER** system at the above names property has been inspected and tested in accordance with the manufacturers recommended practices and is installed in compliance with all applicable Massachusetts State Codes.

SIGNATURE: _____ CERTIFICATE# _____

TYPE OF CERTIFICATE: Electrician _____ Fire Alarm Contractor _____ Sprinkler Contractor _____

DATE OF INSPECTION/TEST: _____