



**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.**