



NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE



VILLAGE OF NYACK | BUILDING DEPARTMENT
9 N BROADWAY NYACK NY 10960
PHONE: (845) 358 - 4249 / FAX: (845) 358 - 0672
fireinspector@nyack-ny.gov

DRYER VENT MAINTENANCE / CLEANING

Dear property owner/manager:

Dryer vent pipes are to be serviced at least four times a year. This servicing should ensure that the dryer vents are taken apart to be cleaned, then properly re-secured to dryer and exhaust hood (without screws – use pipe clamps or UL rated silver tape).

The dryer lint screens are to be checked and cleaned at least weekly.

Proper maintenance will promote drying efficiency and reduce the chance of a fire.

This maintenance / cleaning can be done by a company that services dryers or by a staff maintenance person.

On the back of this page is a Dryer Vent Certification form. This is to be filled out once the servicing has been completed, and either fax or mail to fire inspector.

We hope that this information sheet has helped you in understanding the dryer vent certification process. Please do not hesitate to contact our office if you have any questions.



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DRYER VENT
CERTIFICATION FORM

(Complete A Separate Inspection Form For Each Laundry Room On The Property)

ADDRESS OF BUILDING
WHERE DRYERS ARE LOCATED: _____

DATE OF SERVICING: _____

NAME OF COMPANY: _____
(Fill in if a servicing company is performing service)

NUMBER OF DRYERS
AT THIS BUILDING LOCATION: _____

TYPE OF DRYER(S): [] Gas [] Electric

Table with 4 columns: Question ID, Question, YES, NO, N/A. Contains 8 inspection questions regarding vent pipes, exhaust hoods, gas valves, and detectors.

COMPLETE DESCRIPTION OF ALL WORK PERFORMED:

I certify under penalty of perjury that the dryer vents at the address listed above have been thoroughly cleaned and properly working per their design, manufacturer's instructions and recognized standards. This servicing is to be done at least four times per year and report sent to Fire Inspector.

NAME: _____ DATE: _____
(please print)

SIGNATURE: _____ TITLE: _____

Affirmed to before me this
____ day of _____, 20 ____

Notary Public