



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

Inspection & Certification of:
APARTMENT & HALLWAY DOORS
SMOKE & CARBON MONOXIDE ALARMS

Dear property owner/manager:

All doors leading from an apartment or from any area into a public hall or public right of way (interior or exterior) are required to be self-closing.

As part of the fire safety inspection of the building, or as deemed necessary by the fire inspector, all doors of this type are to be inspected for compliance.

This inspection process will ensure that a door of this type is maintained in proper working order per its design.

A door in proper working order will be able to close and latch from the half open position. In many cases all that is required is to install or re-adjust the self-closing hinge on the door.

If this type of door is not in proper working order, in the event of a fire; smoke, heat and flame can enter the hallway, common area or right-of-way and create a dangerous condition such as causing the fire to spread or prevent occupants from safely exiting the building.

As part of the door inspection process, you are also instructed to insure that all door locks do not require the use of a key by the occupant to exit the apartment and that all smoke & carbon monoxide alarms located within all apartments and common areas are in good working order.

You are hereby instructed to complete the form on the back of this page after your inspection of all doors has been completed, and either fax or e-mail the completed form to fire inspector.

We hope that this information sheet has helped you in understanding the self closing hallway door certification process. Please do not hesitate to

contact our office if you have any questions.



NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE



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APARTMENT & HALLWAY DOOR
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CERTIFICATION FORM

ADDRESS OF BUILDING: _____

DATE OF INSPECTION: _____

NAME OF PERSON PERFORMING INSPECTION: _____

TOTAL NUMBER OF SELF CLOSING DOORS AT THIS BUILDING LOCATION: _____

Table with 4 columns: Question ID, Question, YES, NO, N/A. Contains 7 rows of inspection questions regarding door self-closing, locks, labeling, and alarm installation.

COMPLETE DESCRIPTION OF ALL WORK PERFORMED OR ANY PROBLEMS (such as no access into a particular apartment - state apartment number, etc.):

Three horizontal lines for providing a complete description of work performed or any problems.

I further certify under penalty of perjury, that all self closing hallway doors, smoke & carbon monoxide alarms and door locks at the address listed above are in proper working and/or are in complete code compliance at this time. I further state that each door inspected closes and latches from the half open position.

NAME: _____ DATE: _____
(please print)

SIGNATURE: _____ TITLE: _____

ADDRESS: _____ PHONE: _____

Affirmed to before me this
_____ day of _____, 20

Notary Public _____