

# Carbon Dioxide Beverage Dispensing System Installer Certification of Installation, Alteration or Repair and Incident Reporting Form

**Instructions:** FDNY Rule 3 RCNY Section 3004-01(b)(4) requires the filing of this form for low-pressure systems storing more than 400 lbs. (3,946 SCF) of carbon dioxide. This form must be completed by a carbon dioxide system installer holding a FDNY Certificate of Fitness for Carbon Dioxide Systems (G-82). Complete Sections 1, 2 and 5, and Section 3 and/or 4, as applicable. Attach additional sheets as needed. Promptly email form to FDNY at [Districtofficeheadquarters@fdny.nyc.gov](mailto:Districtofficeheadquarters@fdny.nyc.gov). For information, contact FDNY District Office Headquarters, (718) 403-4079.

Reason for Filing (check all that apply):       New Installation       Alteration       CO2 Incident Report/Repair

## SECTION 1. INSTALLER INFORMATION

Installer Name: \_\_\_\_\_ Certificate of Fitness No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECTION 2. PREMISES INFORMATION (CARBON DIOXIDE SYSTEM INSTALLATION)

Premises Address: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

## SECTION 3. NEW INSTALLATION/SYSTEM ALTERATION

Installation Date: \_\_\_\_\_ Location: (floor and room/area): \_\_\_\_\_

Total # of Storage Containers: \_\_\_\_\_ Description of Storage Containers (complete table below):

	Manufacturer	Model	Capacity (indicate lbs or SCF)	MAWP	Serial Number
1					
2					
3					
4					
5					
6					

CO<sub>2</sub> Detection and Alarm System Provided:  Yes  No      Mechanical Ventilation In Storage Area:  Yes  No

Location(s) of CO<sub>2</sub> Sensor: \_\_\_\_\_

Locations of CO<sub>2</sub> Alert Devices: \_\_\_\_\_

Location of Central Unit Panel (if any): \_\_\_\_\_

## SECTION 4. INCIDENT REPORTING/POST-INCIDENT REPAIR

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ System Restoration Date: \_\_\_\_\_ Time: \_\_\_\_\_

CO<sub>2</sub> Release: Location (floor and room/area) \_\_\_\_\_ Severity:  Low Level  STEL  PEL

Cause/Affected Component(s): \_\_\_\_\_

Repairs Made (complete Section 3 if system or components replaced): \_\_\_\_\_

## SECTION 5. INSTALLER CERTIFICATION

I hereby certify under the penalty of perjury that the above carbon dioxide beverage dispensing system was installed, altered and/or repaired as set forth above, in accordance with FDNY rule 3 RCNY 3004-01, International Fire Code Section 5307 and NFPA Standard 55, or (if installed before 10/1/2017) other applicable standard, and was in good working order at the time of the completion of such work.

INSTALLER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_