

CONTRACTOR’S MATERIAL & TEST CERTIFICATE FOR

A

BOVEGROUND PIPING

PROCEDURE
Upon completion of work, inspection and tests shall be made by the contractor’s representative and witnessed by an owner’s representative. All defects shall be corrected and system left in service before contractor’s personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner’s representative’s signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority’s requirements or local ordinances.

PROPERTY NAME

Date

PROPERTY ADDRESS

PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES									
	ADDRESS									
	INSTALLATION CONFORMS TO ACCEPTED PLANS <input type="checkbox"/> YES <input type="checkbox"/> NO									
	EQUIPMENT USED IS APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN DEVIATIONS									
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN									
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES: 1. SYSTEM COMPONENTS INSTRUCTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO 2. CARE AND MAINTENANCE INSTRUCTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO 3. NFPA 25 <input type="checkbox"/> YES <input type="checkbox"/> NO									
LOCATION OF SYSTEM	SUPPLIES BUILDING:									
SPRINKLERS	MAKE	MODEL		YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY		TEMPERATURE RATING		
PIPE AND FITTINGS	Type of Pipe: PER NFPA 13 Type of Fittings: PER NFPA 13									
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE					MAXIMUM TIME TO OPERATE THRU TEST CONNECTION				
	TYPE		MAKE	MODEL	MIN.		SEC.			
DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.					
	MAKE		MODEL	SERIAL NO.	MAKE		MODEL	SERIAL NO.		
		TIME TO TRIP THRU TEST CONNECTION*		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET*		ALARM OPERATED PROPERLY	
		MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
	Without Q.O.D.								<input type="checkbox"/>	<input type="checkbox"/>
	With Q.O.D.								<input type="checkbox"/>	<input type="checkbox"/>
	IF NO, EXPLAIN:									

DELUGE & PREACTION VALVES	OPERATION							
	<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC							
	PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO				DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO			
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO							
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING						IF NO, EXPLAIN	
	<input type="checkbox"/> YES <input type="checkbox"/> NO							
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM?		DOES EACH CIRCUIT OPERATE VALVE RELEASE?		MAXIMUM TIME TO OPERATE RELEASE	
			YES	NO	YES	NO	MIN.	SEC.
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEST DESCRIPTION	<p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.</p>							
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS.						IF NO, STATE REASON:	
	DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO							
	EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS, SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSIVE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS?							
	<input type="checkbox"/> YES <input type="checkbox"/> NO							
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI				RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ PSI		
	UNDERGROUND MAIN AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING							
	VERIFIED BY COPY OF THE U FORM NO. 85B <input type="checkbox"/> YES <input type="checkbox"/> NO						OTHER EXPLAIN	
	FLUSHED BY INSTALLER OF UNDER-GROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO							
BLANK TESTING GASKETS	NUMBER USED		LOCATIONS:					NUMBER REMOVED
WELDING	WELDED PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO							
	IF YES, ...							
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3? <input type="checkbox"/> YES <input type="checkbox"/> NO							
CUTOUTS (DISCS)	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HYDRAULIC DATA NAMEPLATE	NAME PLATE PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO				IF NO, EXPLAIN:			
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:							
SIGNATURES	NAME OF SPRINKLER CONTRACTOR:							
	TESTS WITNESSED BY							
	FOR PROPERTY OWNER (SIGNED)				TITLE		DATE	
	FOR SPRINKLER CONTRACTOR (SIGNED)				TITLE		DATE	
	FOR AHJ FIRE INSPECTOR (SIGNED)				TITLE		DATE	

ADDITIONAL EXPLANATION AND NOTES

(BACK)