

Contractor's Material and Test Certificate for **A**boveground piping

PROCEDURE:

Upon completion of work, inspection and test 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

PROPERTY NAME:	DATE:

PROPERTY LOCATION:

PLANS	ACCEPTED BY APPROVING AUTHORITIES (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 <input type="checkbox"/> YES <input type="checkbox"/> NO				

INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO THE LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN background-color: yellow;">
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 SYSTEMS	SUPPLIES BUILDINGS OR AREAS OF BUILDING:	
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	MAKE	MODEL	UPRIGHT OR	YEAR OF	ORIFICE SIZE	QUANTITY	TEMPERATURE
SPRINKLERS							

PIPE AND FITTINGS	TYPE OF PIPE: background-color: yellow;">
	TYPE OF FITTINGS: background-color: yellow;">

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICES			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN.	SEC.

DRY OPERATING TEST	DRY VALVE			QUICK OPENING DEVICE					
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.			
	TIME TO TRIP THROUGH TEST CONNECTION		WATER PRESSURE	AIR PRESSURE	TRIP POINT PRESSURE	TIME WATER REACHED TEST CONNECTION	ALARM OPERATED PROPERLY		
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
IN NO, EXPLAIN									

DELUGE AND 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, REMOTE, OR BOTH CONTROL STATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO							
	IS THERE AN ACCESSIBLE IN EACH CIRCUIT FOR TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO				IF NO, EXPLAIN			
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM?		DOES EACH CIRCUIT OPERATE VALVE RELEASE?		MAXIMUM TIME TO OPERATE RELEASE	
		YES	NO	YES	NO	MINUTES	SECONDS	
PRESSURE REDUCING VALVE TEST	LOCATION & FLOOR	MAKE & MODEL	SETTING	STATIC PRESSURE		RESIDUAL PRESSURE (FLOWING)		FLOW RATE
				INLET (PSI)	OUTLET (PSI)	INLET (PSI)	OUTLET (PSI)	FLOW (GPM)
TEST DESCRIPTION	<p>HYDROSTATIC: Hydrostatic test shall be made at not less than 200 psi (13.6 bars) for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>PNEUMATIC: Establish 41 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1-1/2 psi (.01 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>							
TEST	ALL PIPING HYDROSTATICALLY TESTED AT 200 (PSI) FOR 2 (HRS.)				IF NO STATE REASON			
	DRY PIPING PNEUMATICALLY TESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	EQUIPMENT OPERATES PROPERLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHAMICALS, 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 GUAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION <input type="text"/> (PSI) (<input type="text"/> BARS)				RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION WIDE OPEN <input type="text"/> (PSI) (<input type="text"/> BARS)		
UNDERGROUND MAINS 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 UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO								
IF POWDER-DRIVEN FASTENERS ARE USED IN CONCRETE, HAS REPRESENTATIVE SAMPLE TESTING BEEN SATISFACTORILY COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO						IF NO, EXPLAIN		
BLANK TESTING GASKETS	NUMBER USED: <input type="text"/>	LOCATIONS: <input type="text"/>					NUMBER REMOVED: <input type="text"/>	
WELDING	WELDED PIPE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CHECK THE APPROPRIATE BOXES BELOW							
	DO YOU CERTIFY AS THE SPRINKLER SUBCONTRACTOR 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							
	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL ENSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER ARE RMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? <input type="checkbox"/> YES <input type="checkbox"/> NO							
CUTOUTS (DISCS)	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 PLATES	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, EXPLAIN				
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <input type="text"/>							
	NAME OF INSTALLING CONTRACTOR: INDUSTRIAL COMMERCIAL FIRE PROTECTION, INC.							
	TEST WITNESSED BY:							
	FOR PROPERTY OWNER (SIGNED):			TITLE:		DATE:		
	FOR INSTALLING CONTRACTOR (SIGNED):			TITLE:		DATE:		
	FIRE DEPARTMENT (SIGNED):			TITLE:		DATE:		
ADDITIONAL EXPLANATION & NOTES:								