

Contractor's Material and Test Certificate for Aboveground 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: _____
PROPERTY ADDRESS: _____ **DATE:** _____

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										
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE IF NO, EXPLAIN									
	HAS 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 BUILDINGS									
SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING				
PIPE AND FITTINGS	TYPE OF PIPE _____ TYPE OF FITTINGS _____									
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE					MAXIMUM TIME TO OPERATE THROUGH 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 THROUGH 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.									
	WITH Q.O.D.									
IF NO, EXPLAIN										
DELUGE AND PREACTION VALVES	OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAVIC									
	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 FACILITY 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	MIN	SEC		

PRESSURE REDUCING VALVE TEST	LOCATION & FLOOR	MAKE & MODEL	SETTING	STATIC PRESSURE		RESIDUAL PRESSURE (FLOWING)		FLOW RATE
				LET (PSI)	OUTLET (PSI)	INLET (PSI)	OUTLET (PSI)	FLOW (GPM)
TEST DESCRIPTION	<p>HYDROSTATIC: Hydrostatic tests 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 leakage shall be stopped.</p> <p>PNEUMATIC: Establish 40 PSI (2.7 bars) air pressure and measure drop, which shall not exceed 1½ 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 1½ PSI (0.1 bars) in 24 hours.</p>							
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT ___ PSI ___ BARS FOR ___ 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 GAUGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: ___ PSI (___ BARS)				RESIDUAL PRESSURE WITH VALVE TEST IN CONNECTION OPEN WIDE: ___ PSI (___ 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		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	
DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO ENSURE 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		
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 NAMEPLATE	NAMEPLATE PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO					IF NO, EXPLAIN		
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN							
TEST WITNESSED BY	NAME OF SPRINKLER CONTRACTOR							
	FOR PROPERTY OWNER (SIGNED)				TITLE		DATE	
	FOR SPRINKLER CONTRACTOR (SIGNED)				TITLE		DATE	
ADDITIONAL EXPLANATION AND NOTES								