

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
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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? IF NO, EXPLAIN			<input type="checkbox"/> YES	<input type="checkbox"/> NO
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES: 1. SYSTEM COMPONENTS INSTRUCTIONS 2. CARE AND MAINTENANCE INSTRUCTIONS 3. NFPA 25			<input type="checkbox"/> YES	<input type="checkbox"/> NO

LOCATION OF SYSTEM SUPPLIES BUILDING:

	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
SPRINKLERS						

PIPE AND FITTINGS
 Type of Pipe: Schd. 40 Lightwall
 Type of Fittings: Cast iron 125# and Grooved

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	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:

*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION OPENED.

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: <u> </u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE <u> </u> PSI		
UNDERGROUND MAIN AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING					OTHER EXPLAIN			
VERIFIED BY COPY OF THE U FORM NO. 85B		<input type="checkbox"/> YES <input type="checkbox"/> NO						
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
HYDRAULIC DATA NAMEPLATE	NAME PLATE PROVIDED <input checked="" 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	

ADDITIONAL EXPLANATION AND NOTES

(BACK)