

# CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR A 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 <b>15-17 Merrill Street</b>	Date <b>11/6/17</b>
PROPERTY ADDRESS <b>15-17 Merrill Street</b>	
<b>Portland, ME</b>	

<b>PLANS</b>	ACCEPTED BY APPROVING AUTHORITY(S) NAMES <b>Portland Fire Department</b>	
	ADDRESS: <b>380 Congress Street</b> <b>Portland, ME</b>	
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span> IF NO, EXPLAIN DEVIATIONS <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span>	

<b>INSTRUCTIONS</b>	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 <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span>	
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES: 1. SYSTEM COMPONENTS INSTRUCTIONS <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span> 2. CARE AND MAINTENANCE INSTRUCTIONS <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span> 3. NFPA 25 <span style="float: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</span>	

<b>LOCATION</b>	SUPPLIES BUILDING: <b>Entire</b>
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	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<b>SPRINKLERS</b>	<b>Reliable</b>	<b>F1FR56</b>	<b>2017</b>	<b>1/2"</b>	<b>22</b>
<b>Reliable</b>		<b>F1RES44</b>	<b>2017</b>	<b>1/2"</b>	<b>12</b>	<b>155</b>
<b>Reliable</b>		<b>RFC49</b>	<b>2017</b>	<b>1/2"</b>	<b>74</b>	<b>155</b>


<b>PIPE AND FITTINGS</b>	Type of Pipe: <b>Schedule 10/40 Steel and CPVC</b> Type of Fittings: <b>Ductile Iron Threaded/Grooved and CPVC</b>
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	ALARM DEVICE			MAXIMUM TIME TO OPERATE THRU TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN.	SEC.
	<b>ALARM VALVE OR FLOW INDICATOR</b>	<b>Flow Switch</b>			

	DRY VALVE			Q.O.D.				
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.		
	<b>DRY PIPE</b>	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
<b>OPERATING TEST</b>	Without Q.O.D.						<input type="checkbox"/>	
	With Q.O.D.						<input type="checkbox"/>	

IF NO, EXPLAIN:

\*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION OPENED.

<b>DELUGE &amp; PREACTION VALVES</b>	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 <input type="checkbox"/> YES <input type="checkbox"/> NO				IF NO, EXPLAIN		
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES EACH CIRCUIT OPERATE VALVE RELEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAXIMUM TIME TO OPERATE RELEASE MIN.    SEC.
N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>TEST DESCRIPTION</b>	<p><b>HYDROSTATIC:</b> 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><b>PNEUMATIC:</b> 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>						
<b>TESTS</b>	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 checked="" 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 checked="" 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		
<b>BLANK TESTING GASKETS</b>	NUMBER USED NONE		LOCATIONS:				NUMBER REMOVED
	WELDED PIPING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	IF YES . . .						
<b>WELDING</b>	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 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
<b>CUTOUTS (DISCS)</b>	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	
<b>HYDRAULIC DATA NAMEPLATE</b>	NAME PLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, EXPLAIN:			
<b>REMARKS</b>	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:						
	NAME OF SPRINKLER CONTRACTOR:						
							
<b>SIGNATURES</b>	FOR PROPERTY OWNER (SIGNED)			TESTS WITNESSED BY		DATE	
	<i>[Signature]</i>			TITLE: <i>President, Mount Joy LLC</i>		<i>10/17/17</i>	
	FOR SPRINKLER CONTRACTOR (SIGNED)			TITLE		DATE	
	<i>[Signature]</i>			OWNER		<i>10-17-17</i>	

ADDITIONAL COMMENTS / NOTES: