

# SYSTEM RECORD OF COMPLETION

Form Completion Date: 3/27/15 Supplemental Pages Attached: 1

## 1. PROPERTY INFORMATION

Name of property: \_\_\_\_\_  
Address: 118 Congress St Portland, ME  
Description of property: Condominiums/Retail  
Name of property representative: n/a  
Address: n/a  
Phone: n/a Fax: n/a E-mail: n/a

## 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: L & B Electric  
Address: 28 Capital Ave. Lisbon Falls, ME 04252  
Phone: 207-353-5521 Fax: n/a E-mail: n/a  
Service organization: Norris Inc  
Address: 2257 West Broadway South Portland, ME 04101  
Phone: 800-370-3473 Fax: n/a E-mail: www.norrisinc.com  
Testing organization: n/a  
Address: n/a  
Phone: n/a Fax: n/a E-mail: n/a  
Effective date for test and inspection contract: n/a  
Monitoring organization: n/a  
Address: n/a  
Phone: n/a Fax: n/a E-mail: n/a  
Account number: n/a Phone line 1: n/a Phone line 2: n/a  
Means of transmission: n/a  
Entity to which alarms are retransmitted: n/a Phone: n/a

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Box

## 4. DESCRIPTION OF SYSTEM OR SERVICE

This is a:  New system  Modification to existing system Permit number: n/a  
NFPA 72 edition: 2013

### 4.1 Control Unit

Manufacturer: Notifier Model number: NFW2-100

### 4.2 Software and Firmware

Firmware revision number: 7

### 4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: n/a Alarm verification set for n/a seconds

**SYSTEM RECORD OF COMPLETION (continued)**

**5. SYSTEM POWER**

**5.1 Control Unit**

**5.1.1 Primary Power**

Input voltage of control panel: 120 VAC Control panel amps: 3  
 Overcurrent protection: Type: Circuit Breaker Amps: 20  
 Branch circuit disconnecting means location: HP-1 (sec 1) Number: 14

**5.1.2 Secondary Power**

Type of secondary power: Sealed Lead Acid Batteries  
 Location, if remote from the plant: n/a  
 Calculated capacity of secondary power to drive the system:  
 In standby mode (hours): 24 In alarm mode (minutes): 5

**5.2 Control Unit**

- This system does not have power extender panels
- Power extender panels are listed on supplementary sheet A

**6. CIRCUITS AND PATHWAYS**

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line	1	n/a	A	n/a
Device Power	1	n/a	B	n/a
Initiating Device	n/a	n/a	n/a	n/a
Notification Appliance	8	n/a	B	n/a
Other (specify): n/a	n/a	n/a	n/a	n/a

**7. REMOTE ANNUNCIATORS**

Type	Location
LCD	Main Entry
n/a	n/a

**8. INITIATING DEVICES**

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	11	Addressable	Alarm	n/a
Smoke Detectors	20	Addressable	Alarm	Photoelectric
Duct Smoke Detectors	2	Addressable	Supervisory	Photoelectric
Heat Detectors	1	Addressable	Alarm	Thermal
Gas Detectors	4	Conventional	Supervisory	n/a
Waterflow Switches	6	Conventional	Alarm	n/a
Tamper Switches	12	Conventional	Supervisory	n/a

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible	n/a	n/a
Visible	36	Strobes
Combination Audible and Visible	65	Horn strobes

**10. SYSTEM CONTROL FUNCTIONS**

Type	Quantity
Hold-Open Door Releasing Devices	n/a
HVAC Shutdown	2
Fire/Smoke Dampers	n/a
Door Unlocking	n/a
Elevator Recall	1
Elevator Shunt Trip	1

**11. INTERCONNECTED SYSTEMS**

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet n/a.

**12. CERTIFICATION AND APPROVALS**

**12.1 System Installation Contractor**

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**12.2 System Operational Test**

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: \_\_\_\_\_ Printed name: Wade Morin Date: 3/27/15  
 Organization: Norris, Inc Title: Technician Phone: 800-370-3473

**12.3 Acceptance Test**

Date and time of acceptance test: n/a  
 Installing contractor representative: n/a  
 Testing contractor representative: n/a  
 Property representative: n/a  
 AHJ representative: n/a



# CONTRACTOR'S MATERIAL & 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: 118 MONSIEUR HILL GARDEN FLOOR "WGT" DATE: 4-1-15

PROPERTY ADDRESS: 118 CONGRESS ST, PONTIAC, MI

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: STATE FIRE MARSHAL

ADDRESS: 45 COMMODORE DRIVE, SUITE 1, AUGUSTA, MI

INSTALLATION CONFORMS TO ACCEPTED PLANS  YES  NO  
 EQUIPMENT USED IS APPROVED  YES  NO  
 IF NO, EXPLAIN DEVIATIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT  YES  NO  
 IF NO, EXPLAIN

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES  YES  NO  
 IF NO, EXPLAIN

LOCATION OF SYSTEM: SUPPLIES BLDGS. GARDEN FLOOR RETAIL

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>FYCO</u>	<u>FY-ARB W1</u>	<u>2014</u>	<u>1/2</u>	<u>27</u>	<u>200</u>
	<u>FYCO</u>	<u>DS1</u>	<u>2014</u>	<u>1/2</u>	<u>4</u>	<u>200</u>
	<u>FYCO</u>	<u>RF11</u>	<u>2014</u>	<u>1/2</u>	<u>3</u>	<u>200</u>

PIPE CONFORMS TO NFPA 13 STANDARD  YES  NO  
 FITTINGS CONFORM TO NFPA 13 STANDARD  YES  NO  
 IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE			
	TYPE	MAKE	MODEL	MIN.		SEC.	
	<u>FLOW SWITCH</u>	<u>POTON</u>	<u>USA</u>				<u>32</u>

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.							
	MAKE	MODEL	SERIAL NO.		MAKE	MODEL	SERIAL NO.		TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	MIN.	SEC.	MIN.	SEC.	YES	NO	
Without Q.O.D.												
With Q.O.D.												

IF NO, EXPLAIN

<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								
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE				
			YES	NO	YES	NO			
					MAXIMUM TIME TO OPERATE RELEASE MIN.    SEC.				
<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>FLUSHING</b> Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</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>	<p>ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON</p> <p>DRY PIPING PNEUMATICALLY TESTED    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>EQUIPMENT OPERATES PROPERLY    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>DRAIN TEST</b></td> <td style="width:40%;">READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>43</u> PSI</td> <td style="width:50%;">RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>36</u> PSI    <u>2" drain pipe</u></td> </tr> </table> <p style="text-align: center;"><b>Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.</b></p> <p>VERIFIED BY COPY OF THE U FORM NO. 85B    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO    OTHER EXPLAIN  <u>UNDERGROUND INSTALLATION</u>  <u>FLUSHED BY OTHERS</u></p> <p>FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>						<b>DRAIN TEST</b>	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>43</u> PSI	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>36</u> PSI <u>2" drain pipe</u>
<b>DRAIN TEST</b>	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>43</u> PSI	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>36</u> PSI <u>2" drain pipe</u>							
<b>BLANK TESTING GASKETS</b>	NUMBER USED <u>0</u>	LOCATIONS				NUMBER REMOVED			
<b>WELDING</b>	<p>WELDED PIPING    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p style="text-align: center;">IF YES...</p> <p>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</p> <p>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</p> <p>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</p>								
<b>HYDRAULIC DATA NAMEPLATE</b>	NAMEPLATE 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:  <u>4-1-15</u>								
<b>SIGNATURES</b>	NAME OF SPRINKLER CONTRACTOR <u>BOSTON PEAC PROTECTION</u>								
	FOR PROPERTY OWNER (SIGNED)		TESTS WITNESSED BY		DATE				
	<u>[Signature]</u>		<u>FOURMAN</u>		<u>4-1-15</u>				
ADDITIONAL EXPLANATION AND NOTES									

# CONTRACTOR'S MATERIAL & 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: 118 MONSIEUR HILL GARAGE FLOOR "DRY" DATE: 4-15

PROPERTY ADDRESS: 118 COMBESS ST, PONTIAC, MI

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: STATE FIRE MARSHAL

ADDRESS: 45 COMMUNCO DR, SUITE 1, AUGUSTA, MI

INSTALLATION CONFORMS TO ACCEPTED PLANS  YES  NO

EQUIPMENT USED IS APPROVED  YES  NO

IF NO, EXPLAIN DEVIATIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT  YES  NO

IF NO, EXPLAIN

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES  YES  NO

IF NO, EXPLAIN

LOCATION OF SYSTEM: SUPPLIES BLDGS. GARAGE FLOOR GARAGE

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>TYCO</u>	<u>TY-RAB UP</u>	<u>2014</u>	<u>1/2</u>	<u>69</u>	<u>200</u>
	<u>TYCO</u>	<u>TY-RAB BSU</u>	<u>2014</u>	<u>1/2</u>	<u>3</u>	<u>200</u>

PIPE CONFORMS TO NFPA 13 STANDARD  YES  NO

FITTINGS CONFORM TO NFPA 13 STANDARD  YES  NO

IF NO, EXPLAIN

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

DRY PIPE OPERATING TEST	DRY VALVE			O.O.D.				
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.		
	<u>TYCO</u>	<u>DDV-1</u>						
	TIME TO TRIP THRU TEST PIPE	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 O.O.D.		<u>14</u>	<u>43</u>	<u>37</u>	<u>11</u>	<u>34</u>	<input checked="" type="checkbox"/>	
With O.O.D.								

IF NO, EXPLAIN

<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		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE						
				YES NO		YES NO		MIN. SEC.							
<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>FLUSHING:</b> Flow the required rate until water is clear as indicated by no collection of foreign material in burliap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</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>	<p>ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON</p> <p>DRY PIPING PNEUMATICALLY TESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>DRAIN TEST</b> READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>45</u> PSI RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: <u>26</u> PSI <u>2" pipe</u></p> <p>Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.</p> <p>VERIFIED BY COPY OF THE U FORM NO. 85B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER EXPLAIN: <u>UNDERGROUND MAINS &amp; LEAD FLUSHED BY OTHERS</u></p> <p>FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>														
<b>BLANK TESTING GASKETS</b>	NUMBER USED <u>0</u>		LOCATIONS					NUMBER REMOVED							
<b>WELDING</b>	<p>WELDED PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES...</p> <p>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</p> <p>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</p> <p>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</p>														
<b>HYDRAULIC DATA NAMEPLATE</b>	NAMEPLATE 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:														
<u>4-1-15</u>															
<b>SIGNATURES</b>	<p>NAME OF SPRINKLER CONTRACTOR: <u>BASTON PEAR PROTECTION</u></p> <p>TESTS WITNESSED BY</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FOR PROPERTY OWNER (SIGNED)</td> <td style="width:30%;">TITLE</td> <td style="width:20%;">DATE</td> </tr> <tr> <td style="width:50%;">FOR SPRINKLER CONTRACTOR (SIGNED)</td> <td style="width:30%;">TITLE</td> <td style="width:20%;">DATE</td> </tr> </table> <p><u>[Signature]</u> <u>Fournier</u> <u>4-1-15</u></p>									FOR PROPERTY OWNER (SIGNED)	TITLE	DATE	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
FOR PROPERTY OWNER (SIGNED)	TITLE	DATE													
FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE													

ADDITIONAL EXPLANATION AND NOTES



# CONTRACTOR'S MATERIAL & 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 <b>118 MONSIEUR HILL SECOND FLOOR</b>	DATE <b>4-1-15</b>
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PROPERTY ADDRESS  
**118 CONGRESS ST, BOSTON, MA**

<b>PLANS</b>	ACCEPTED BY APPROVING AUTHORITY( 'S) NAMES <b>STAFF PENO MARSHAL</b>	
	ADDRESS <b>45 COMMONWEALTH AVE, SUITE 1, AUGUSTA, MA</b>	
	INSTALLATION CONFORMS TO ACCEPTED PLANS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	EQUIPMENT USED IS APPROVED IF NO, EXPLAIN DEVIATIONS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

<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	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES IF NO, EXPLAIN	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

<b>LOCATION OF SYSTEM</b>	SUPPLIES BLDGS. <b>SECOND FLOOR</b>
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	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<b>SPRINKLERS</b>	<b>TYCO</b>	<b>LEIT</b>	<b>2014</b>	<b>1/2</b>	<b>35</b>	<b>150</b>
	<b>TYCO</b>	<b>TY-FMB UP</b>	<b>2014</b>	<b>1/2</b>	<b>5</b>	<b>200</b>
	<b>TYCO</b>	<b>DS-1</b>	<b>2014</b>	<b>1/2</b>	<b>4</b>	<b>200</b>

<b>PIPE AND FITTINGS</b>	PIPE CONFORMS TO <u><b>NFPA 13</b></u> STANDARD	<input type="checkbox"/> YES <input type="checkbox"/> NO
	FITTINGS CONFORM TO <u><b>NFPA 13</b></u> STANDARD IF NO, EXPLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO

	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE			
	TYPE	MAKE	MODEL	MIN.		SEC.	
	<b>ALARM VALVE OR FLOW INDICATOR</b>	<b>FLOW SWITCH</b>	<b>POTON</b>	<b>USR</b>			<b>28</b>

	DRY VALVE				O.O.D.				
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.			
	<b>DRY PIPE OPERATING TEST</b>	<del>_____</del>							
	TIME TO TRIP THRU TEST PIPE		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 O.O.D.								
	With O.O.D.								

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 <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.	

**TEST DESCRIPTION**  
**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.  
**FLUSHING:** Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.  
**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.

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	
DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>32</u> PSI	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>29</u> PSI <u>1 1/4</u> p.p.c.
Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.		
VERIFIED BY COPY OF THE U FORM NO. 858 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OTHER EXPLAIN
FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<u>UNDERGROUND INSTALLED &amp; PULSED BY OTHER</u>

BLANK TESTING GASKETS	NUMBER USED <u>0</u>	LOCATIONS	NUMBER REMOVED
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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	

HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN
		<u>GAGE PLACED SAME AS FORTH FLOOR.</u>

**REMARKS**  
 DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:  
4-1-15

SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>BASTON FIRE PROTECTION</u>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED) <u>Jerry Bouch</u>	TITLE <u>Foreman</u>	DATE <u>4-1-15</u>

ADDITIONAL EXPLANATION AND NOTES

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: 118 MONSIEUR HILL THIRD FLOOR. DATE: 4-1-15

PROPERTY ADDRESS: 118 CONGRESS ST, PORTLAND, ME

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: STAFF PENO MARSHAL

PLANS ADDRESS: 45 COMMONWEALTH DRIVE, SUITE 1, AUGUSTA, ME

INSTALLATION CONFORMS TO ACCEPTED PLANS  YES  NO

EQUIPMENT USED IS APPROVED  YES  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  YES  NO

IF NO, EXPLAIN

INSTRUCTIONS HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES  YES  NO

IF NO, EXPLAIN

LOCATION OF SYSTEM: SUPPLIES BLDGS. THIRD FLOOR.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>TYCO</u>	<u>LPD</u>	<u>2014</u>	<u>1/2</u>	<u>85</u>	<u>155</u>
	<u>TYCO</u>	<u>TY-PAB Q</u>	<u>2014</u>	<u>1/2</u>	<u>5</u>	<u>200</u>
	<u>TYCO</u>	<u>QS-1</u>	<u>2014</u>	<u>1/2</u>	<u>4</u>	<u>200</u>

PIPE AND FITTINGS PIPE CONFORMS TO NFPA 13 STANDARD  YES  NO

FITTINGS CONFORM TO NFPA 13 STANDARD  YES  NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
	TYPE	MAKE	MODEL	MIN.	SEC.
	<u>FLOW SWITCH</u>	<u>POTOM</u>	<u>USR</u>		<u>28</u>

DRY PIPE OPERATING TEST	DRY VALVE			O.O.D.			ALARM OPERATED PROPERLY	
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	YES	NO
	<del>Without Q.O.D.</del>	<del>TIME TO TRIP THRU TEST PIPE</del>	<del>WATER PRESSURE</del>	<del>AIR PRESSURE</del>	<del>TRIP POINT AIR PRESSURE</del>	<del>TIME WATER REACHED TEST OUTLET</del>	<del>ALARM OPERATED PROPERLY</del>	<del>YES</del>

IF NO, EXPLAIN

<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		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
			YES	NO	YES	NO	MIN.	SEC.
TEST DESCRIPTION	<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>FLUSHING:</b> Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</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>							
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							
DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>28</u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>20</u> PSI			
	<p style="text-align: center;"><b>Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.</b></p> <p>VERIFIED BY COPY OF THE U FORM NO. 85B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>FLUSHED BY INSTALLER OF UNDER-GROUND SPRINKLER PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: right;">OTHER EXPLAIN <u>UNDERGROUND INSTALLED &amp; FLUSHED BY OTHERS</u></p>							
BLANK TESTING GASKETS	NUMBER USED	LOCATIONS					NUMBER REMOVED	
	<u>0</u>							
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								
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF NO, EXPLAIN <u>CALL PLACED IN SAME AS FOURTH FLOOR</u>				
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>4-1-15</u>							
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>BOSTON PEAK PROTECTION</u>							
	TESTS WITNESSED BY							
	FOR PROPERTY OWNER (SIGNED)			TITLE			DATE	
<u>[Signature]</u>			<u>Foreman</u>			<u>4-1-15</u>		

ADDITIONAL EXPLANATION AND NOTES

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: 118 MONSIEUR HILL FOUNTAIN FLOOR. DATE: 4-1-15

PROPERTY ADDRESS: 118 CONGRESS ST, PORTLAND, ME

PLANS

ACCEPTED BY APPROVING AUTHORITY('S) NAMES: STATE PEACE MARSHAL

ADDRESS: 45 COMMONWEALTH DRIVE, SUITE 1, AUGUSTA, ME

INSTALLATION CONFORMS TO ACCEPTED PLANS  YES  NO

EQUIPMENT USED IS APPROVED  YES  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  YES  NO

IF NO, EXPLAIN

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES  YES  NO

IF NO, EXPLAIN

LOCATION OF SYSTEM: SUPPLIES BLDGS. FOUNTAIN FLOOR

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	TYCO	UP II	2014	1/2	84	155
	TYCO	TY-FAB WP	2014	1/2	12	200
	TYCO	TY-FAB HSW	2014	1/2	2	200
	TYCO	PS-1	2014	1/2	4	200

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD  YES  NO

FITTINGS CONFORM TO NFPA 13 STANDARD  YES  NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
	TYPE	MAKE	MODEL	MIN.	SEC.
	FLOW SWITCH	PORTA	USA		24

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.				
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.			
	TIME TO TRIP THRU TEST PIPE		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

<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		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE													
				YES NO		YES NO		MIN. SEC.													
<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>FLUSHING:</b> Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</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>	<p>ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON</p> <p>DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;"><b>DRAIN TEST</b></td> <td style="width:55%;">READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>24</u> PSI</td> <td style="width:40%;">RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>16</u> PSI <u>1 1/4</u> pipe</td> </tr> </table> <p style="text-align: center;"><b>Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.</b></p> <p>VERIFIED BY COPY OF THE U FORM NO. 85B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER EXPLAIN</p> <p>FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>UNDERGROUND INSTALLED &amp; FLUSHED BY OTHER</u></p>									<b>DRAIN TEST</b>	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>24</u> PSI	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>16</u> PSI <u>1 1/4</u> pipe									
<b>DRAIN TEST</b>	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>24</u> PSI	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>16</u> PSI <u>1 1/4</u> pipe																			
<b>BLANK TESTING GASKETS</b>	NUMBER USED <u>0</u>		LOCATIONS					NUMBER REMOVED													
<b>WELDING</b>	<p>WELDED PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">IF YES . . .</p> <p>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</p> <p>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</p> <p>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</p>																				
<b>HYDRAULIC DATA NAMEPLATE</b>	NAMEPLATE 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:  <u>4-1-15</u>																				
<b>SIGNATURES</b>	<p>NAME OF SPRINKLER CONTRACTOR <u>BOSTON PEAC PROTECTION</u></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;"><b>TESTS WITNESSED BY</b></td> </tr> <tr> <td style="width:50%;">FOR PROPERTY OWNER (SIGNED)</td> <td style="width:25%;">TITLE</td> <td style="width:25%;">DATE</td> </tr> <tr> <td>FOR SPRINKLER CONTRACTOR (SIGNED)</td> <td>TITLE</td> <td>DATE</td> </tr> <tr> <td><u>Jim Conly</u></td> <td><u>Foreman</u></td> <td><u>4-1-15</u></td> </tr> </table>									<b>TESTS WITNESSED BY</b>			FOR PROPERTY OWNER (SIGNED)	TITLE	DATE	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE	<u>Jim Conly</u>	<u>Foreman</u>	<u>4-1-15</u>
<b>TESTS WITNESSED BY</b>																					
FOR PROPERTY OWNER (SIGNED)	TITLE	DATE																			
FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE																			
<u>Jim Conly</u>	<u>Foreman</u>	<u>4-1-15</u>																			

ADDITIONAL EXPLANATION AND NOTES