

Contractor's Material and Test Certificate for

A. Procedure (Conforms to NFPA 13-1994)

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. All "No" answers shall be explained in the Comments portion of this form.

Property Name: 185 FORE STREET BLDG Date: _____

B. Plans

1. Accepted by Approving Authorities (Names): S.F.M.O.
2. Address: 62 S. HS. SUITE 1, AUGUSTA, ME 04333
3. Installation conforms to accepted plans Yes No
4. Equipment used is approved Yes No

C. Instructions

1. 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
2. Have copies of the following been left on the premises:
 - a. System components instructions Yes No
 - b. Care and maintenance instructions Yes No
 - c. NFPA 25 Yes No

D. Location of system - Supplies building: ENGINE BLDG

E. Sprinklers

Make	Model	Year Made	Orifice	Quantity	Temperature
<u>WINGS</u>	<u>NR300</u>	<u>2016</u>	<u>1/2"</u>	<u>224</u>	<u>155°/200°</u>
"	<u>NR302</u>	"	<u>1/2"</u>	<u>54</u>	<u>155°</u>
"	<u>NR457</u>	"	<u>7/16</u>	<u>186</u>	<u>155°</u>
"	<u>NR178</u>	"	<u>1/2</u>	<u>0</u>	<u>155°</u>
"	<u>NR480</u>	"	<u>7/16</u>	<u>12</u>	<u>155°</u>

F. Pipe and Fittings

1. Type of Pipe: BLACK STEEL / SCH 10 / SCHED
2. Type of Fittings: DUCTILE IRON GIRDERS + THREADED

G. Alarm Valve or Flow Indicator

Type	Make	Model	Max. Time to Operate	Through Insp. Test
<u>WADE</u>	<u>NOTED</u>	<u>NR</u>	<u>30 SEC</u>	

H. Dry-Pipe Valve

1. Make and Model: _____
2. Serial Number: _____

I. Quick Opening Device (Q.O.D.)

1. Make and Model: _____
2. Serial Number: _____

J. Dry-Pipe System Operating Test Without Q.O.D.

1. Time to trip through test connection*: _____
2. Water pressure _____ psi. Air pressure _____ psi.
3. Trip point air pressure _____ psi.
4. Time water reached test outlet*: _____
5. Alarm operated properly Yes No

K. Dry-Pipe System Operating Test With Q.O.D.

1. Time to trip through test connection*: _____
2. Water pressure _____ psi. Air pressure _____ psi.
3. Trip point air pressure _____ psi.
4. Time water reached test outlet*: _____
5. Alarm operated properly Yes No

L. Deluge and Preaction Valves

1. Make and Model: _____
2. Operation: Pneumatic Electric Hydraulic Hydraulic
3. Piping and deflecting media supervised Yes No
4. Does valve/operate from manual trip and/or remote control stations Yes No
5. Is there an accessible facility in each circuit for testing Yes No
6. Does each circuit operate supervision loss alarm Yes No
7. Does each circuit operate valve release Yes No
8. Maximum time to operate release: _____

M. Pressure Reducing Valve

1. Location and Floor: _____
2. Make and Model: _____
3. Setting: _____
4. Static Pressure: Inlet _____ psi, Outlet _____ psi
5. Residual Pressure (Flowing): Inlet _____ psi, Outlet _____ psi
6. Flow Rate: _____ gpm

*measured from time inspectors test connection is opened

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Aboveground Piping

N. 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. Pneumatic: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs.

O. Tests

1. All piping hydrostatically tested at 200 psi for 2 hours Yes No
2. Dry piping pneumatically tested Yes No
3. Equipment operates properly Yes No
4. 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? Yes No

5. Drain Test:

- a. Static pressure reading of gage located near water supply connection 95 psi.
- b. Residual pressure with valve in test connection open wide 50 psi.

6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U Yes No
7. Flushed by installer of underground piping Yes No
8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? Yes No

P. Blank Testing Gaskets

1. Number used: _____
2. Locations: _____
3. Number removed: _____

Q. Welded Piping - If welded piping was used in the system, complete the following:

1. Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3 Yes No
2. 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 Yes No
3. Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated Yes No

R. Cutouts (Disks)

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved? Yes No

S. Hydraulic Data Nameplate Provided

Yes No

T. Date left in service (with all control valves open): 11-31-2016

U. Signatures

1. Name of sprinkler contractor: RESIDENTIAL FIRE PROTECTION

2. Tests witnessed by:

For property owner (Signed): P. Keller Date: 11-31-2016

For sprinkler contractor (Signed): Calvin B. Best Date: 11-31-2016

Title: SPRINKLER FIRE ALARM SPAN Title: _____

V. Comments (This section is for additional explanation and notes. All "No" answers must be explained here.) _____

Check here if comments continue on reverse side of this form