

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 <i>Austin Street Brewery</i>	DATE <i>12/19/2018</i>
PROPERTY ADDRESS <i>109 FOX STREET PORTLAND, MAINE</i>	

PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES <i>STATE FIRE MARSHAL</i>
	ADDRESS <i>52 STATE HOUSE STATION AUGUSTA, ME 04330</i>
	INSTALLATION CONFORMS TO ACCEPTED PLANS <input checked="" type="checkbox"/> YES <input type="checkbox"/> N
	EQUIPMENT USED IS APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> N 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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> N IF NO, EXPLAIN
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LOCATION OF SYSTEM	SUPPLIES BLDGS. <i>EXISTING SYSTEM - OWNER HAS FIRE SPRINKLER SERVICE CONTRACT</i>
SPRINKLERS	<i>NEW AUSTIN STREET BREWERY TENANT</i>

	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
SPRINKLERS	<i>TYCO</i>	<i>TY-B</i>	<i>2018</i>	<i>1/2"</i>	<i>12</i>	<i>200</i>
	<i>VICTALIC</i>	<i>V3302</i>	<i>2018</i>	<i>1/2"</i>	<i>3</i>	<i>200</i>

PIPE AND FITTINGS	PIPE CONFORMS TO <i>NFPA 13</i> STANDARD <input type="checkbox"/> YES <input type="checkbox"/> N
	FITTINGS CONFORM TO <i>NFPA 13</i> STANDARD <input type="checkbox"/> YES <input type="checkbox"/> N 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				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.									

DRY PIPE OPERATING TEST	IF NO, EXPLAIN <i>EXISTING DRY SYSTEM -</i>
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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 _____ PSI FOR _____ HRS.		IF NO, STATE REASON <i>EXISTING SYSTEM - ONLY MIN. REPAIRS PERFORMED</i>
	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: _____ PSI	
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 UNDER-GROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO			

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED

WELDING	WELDED PIPING <input type="checkbox"/> YES <input checked="" 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 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	

HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN
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REMARKS
 DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

SIGNATURES	NAME OF SPRINKLER CONTRACTOR <i>ACCESS FIRE PROTECTION LLC</i>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED) <i>[Signature]</i>	TITLE <i>Manager</i>	DATE <i>12.21.18</i>
	FOR SPRINKLER CONTRACTOR (SIGNED) <i>Joseph W. Sereda</i>	TITLE <i>Manager</i>	DATE <i>12/21/18</i>

ADDITIONAL EXPLANATION AND NOTES

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING