

EASTERN FIRE PROTECTION

FIRE PROTECTION CONTRACTORS AND ENGINEERS
P.O. Box 1390 Auburn, Maine 04211-1390

207-784-1507 Fax: 207.782.0566

November 29, 2016

Mr. Timothy R. Hebert
Hebert Construction
9 Gould Road
Lewiston, ME 04240

**RE: Portland Gastro - Occupancy
Compliance & Warranty Letter -Wet Sprinkler Modification**

To Whom it May Concern:

This letter certifies that the modifications to the existing sprinkler system at **Portland Gastro** were performed in accordance with with NFPA 13, State, and local codes.

Eastern Fire Protection warrants that modifications to the sprinkler system are free from defects in materials and workmanship for a period of one year beginning on **November 29, 2016**.

Signed: 
Paul A. Tardif, VP/ Div Mgr

Date: 29 Nov 16

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

SSQ

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: MADNO 570 COMMON FIRST FLOOR DATE: _____

PROPERTY ADDRESS: 161 MARGENAL WAY, PORTLAND, MADNO

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: STAFF REIG MARITAL

ADDRESS: 45 COMMONO DRUG SUBD 1, AUGUSTA, MG.

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. First Floor

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>ROBLEARIO</u>	<u>RIFA 56</u>	<u>2016</u>	<u>1/2</u>	<u>124</u>	<u>200</u>
	<u>ROBLEARIO</u>	<u>65-56</u>	<u>2016</u>	<u>1/2</u>	<u>23</u>	<u>212</u>
	<u>ROBLEARIO</u>	<u>RIFA 56 HSW</u>	<u>2016</u>	<u>1/2</u>	<u>2</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>Flowswitch</u>	<u>EXISTING</u>			

DRY PIPE OPERATING TEST	DRY VALVE			O.O.D.			ALARM OPERATED PROPERLY		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	YES	NO	
	Without Q.O.D.								
	With Q.O.D.								

IF NO, EXPLAIN

DELUGE & PREACTION VALVES	OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC					
	PIPING SUPERVISED <input checked="" 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.	
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>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.</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 EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>105</u> PSI		RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>100</u> 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 checked="" type="checkbox"/> NO OTHER EXPLAIN FLUSHED BY INSTALLER OF UNDERGROUND <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <u>UNDERGROUND IS EXISTING PROPERLY INSTALLED BY OTHER</u> GROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO					
BLANK TESTING GASKETS	NUMBER USED <u>0</u>	LOCATIONS				NUMBER REMOVE
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 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN			
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN <u>11/29/16</u>					
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>WASTON FIRE PROTECTION</u>					
	TESTS WITNESSED BY					
	FOR PROPERTY OWNER (SIGNED) <u>Steve J. Skarold</u>	TITLE <u>Super</u>	DATE <u>11/29/16</u>			
FOR SPRINKLER CONTRACTOR (SIGNED) <u>Jim Melanson</u>	TITLE <u>FOREMAN</u>	DATE <u>11/29/16</u>				
ADDITIONAL EXPLANATION AND NOTES						

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

5458

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: PONTLAND GASTROGENTROLOGY THERO FLOOR DATE: _____

PROPERTY ADDRESS: 161 MARGINAL WAY, PONTLAND, MAINE

PLANS

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

ADDRESS: 45 COMMERCIAL AVENUE, SUITE 1, AUGUSTA, MAINE

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: THERO FLOOR

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>ROCKWELL</u>	<u>R1-FA P640</u>	<u>2016</u>	<u>1/2"</u>	<u>152</u>	<u>200°</u>
	<u>FYCO</u>	<u>GC-11</u>	<u>2016</u>	<u>3/4"</u>	<u>2</u>	<u>157-6</u>

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 12 STANDARD YES NO

FITTINGS CONFORM TO NFPA 12 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>OXFORD</u>		<u>-</u>	<u>35</u>

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

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(OVER)

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.	
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>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.</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 PSI</u> FOR <u>2</u> HRS. IF NO, STATE REASON								
	DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>105</u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: <u>100</u> PSI <u>1/4 Drain</u>			
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								
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				IF NO, EXPLAIN: <u>NOT REQUIRED, REMOVE AREA ON 4TH FLOOR</u>				
	REMARKS: DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>11/29/16</u>								
SIGNATURES	NAME OF SPRINKLER CONTRACTOR: <u>GRATON PERI PROTECTED</u>								
	FOR PROPERTY OWNER (SIGNED): <u>Steve Spivack</u>				TESTS WITNESSED BY				
FOR SPRINKLER CONTRACTOR (SIGNED): <u>Jim Melanson</u>				TITLE: <u>Super.</u>		DATE: <u>11/29/16</u>			
				TITLE: <u>FOREMAN</u>		DATE: <u>11/29/16</u>			
ADDITIONAL EXPLANATION AND NOTES									

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

5458

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.

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PROPERTY NAME PONTIAC GASTROENTEROLOGY FOURTH FLOOR DATE _____

PROPERTY ADDRESS 161 MARGINAL WAY, PONTIAC, MICHIGAN

PLANS
 ACCEPTED BY APPROVING AUTHORITY(S) NAMES STATE FIRE MARSHAL
 ADDRESS 45 COMMERCIAL DRIVE, SUITE 1, AUGUSTA, MICHIGAN
 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. FOURTH FLOOR

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>DELTA</u>	<u>R1-F1 P600</u>	<u>2016</u>	<u>1/2"</u>	<u>143</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>EXISTING</u>		<u>-</u>	<u>35</u>

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

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(OVER)

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	<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>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.</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 checked="" type="checkbox"/> NO							
	EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
TESTS	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>105</u> PSI			RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>100</u> PSI <u>14" Drain</u>			
		<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</p> <p>FLUSHED BY INSTALLER OF UNDER-GROUND SPRINKLER PIPING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>OTHER EXPLAIN <u>UNDERGROUND IS OPERATING PROPERLY INSTALLED BY OTHERS</u></p>						
BLANK TESTING GASKETS	NUMBER USED <u>0</u>	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								
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, EXPLAIN				
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>11/29/16</u>							
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Boston Reno Protection</u>							
	FOR PROPERTY OWNER (SIGNED) <u>Steve S. Howski</u>				TESTS WITNESSED BY		DATE <u>11/29/16</u>	
	FOR SPRINKLER CONTRACTOR (SIGNED) <u>Jim Malanson</u>				TITLE <u>Super. Helmut Con.</u>		DATE <u>11/29/16</u>	
ADDITIONAL EXPLANATION AND NOTES								