

# Contractor's Material and 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 contractors. 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 **PORTHOLE RESTAURANT - WET SYSTEM**

DATE **3/16/15**

PROPERTY ADDRESS **20 CUSTOM HOUSE WHARF, PORTLAND**

<b>PLANS</b>	ACCEPTED BY <b>State Fire Marshal's Office</b>	
	ADDRESS <b>#164 State House Station Augusta, Maine 04333-0164</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
	Has copies of the following been left on the premises?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	1. System components instructions 2. Care and maintenance instructions 3. NFPA 25 (Owners Manual)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION OF SYSTEM Supplies buildings **WET SYSTEM (PORTHOLE RESTAURANT AND SECOND FLOOR)**

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
		GLOBE	GL5615	2014	1/2"	101
	GLOBE	GL5615	2014	1/2"	16	200°
	GLOBE	GL5601	2014	1/2"	28	155°
	GLOBE	GL5641	2014	1/2"	6	155°
	GLOBE	GL5635	2014	1/2"	2	155°
	RELIABLE	KFR-CCS 56	2014	1/2"	41	155°

PIPING & FITTINGS Type of pipe **SCHEDULE 10 AND 40 STEEL / CPVC**  
 Type of fittings **CAST AND DUCTILE IRON / CPVC**

<b>ALARM VALVE OR FLOW INDICT.</b>	Alarm Device			Maximum time to operate through test connection.	
	Type	Make	Model	Minutes	Seconds
	<b>VANE</b>	<b>System Sensor</b>	<b>WFD 40</b>		<b>22</b>

<b>DRY PIPE OPERATION TEST</b>	Dry valve				Q.O.D.							
	Make		Model		Serial no.		Serial no.					
	Time to trip through test connection <sup>1</sup>		Water pressure		Air pressure		Trip point air pressure		Time water reached test outlet <sup>1</sup>		Alarm operated properly	
	Minutes    Seconds		Psi		Psi		Psi		Minutes    Seconds		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
	Does valve operate from the manual trip, remote, or both 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 of operate release		
					Yes    No		Yes    No		Minutes    Seconds		

<b>PRESSURE REDUCING VALVES</b>	Location and floor	Make & Model	Setting	Static Pressure		Residual Pressure (flowing)		Flow rate	
				Inlet (psi)	outlet (psi)	Inlet (psi)	outlet (psi)	Flow (gpm)	

<sup>1</sup> Measured from time inspector's test connection is opened.

