

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR **A** ABOVEGROUND PIPING

Patrick@dorasconstruction.com

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	415 Cumberland Ave	Date	12/27/18
---------------	--------------------	------	----------

PROPERTY ADDRESS	415 Cumberland Ave Portland, ME
------------------	------------------------------------

PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES Portland Fire Department	
	ADDRESS: 380 Congress Street Portland, ME 04101	
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, EXPLAIN DEVIATIONS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

INSTRUCTIONS	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 THE FOLLOWING BEEN LEFT ON THE PREMISES: 1. SYSTEM COMPONENTS INSTRUCTIONS 2. CARE AND MAINTENANCE INSTRUCTIONS 3. NFPA 25	<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	SUPPLIES BUILDING: Entire 2018 Renovation
-----------------	--------------------------------------------------

	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	SPRINKLERS	Reliable	F1FR56	2018	1/2"	69
Reliable		F1FR56	2018	1/2"	29	155
Globe		GL5608	2018	1/2"	16	155
Reliable		F1FRLO	2018	3/4"	16	155
Reliable		F1FR28	2018	1/2"	10	155
Reliable		F1RES49	2018	1/2"	57	155
Reliable		F1RES44	2018	1/2"	30	155
Tyco		WS	2018	1/2"	2	155
Viking		VK467	2018	1/2"	10	155
Globe		GL5608	2018	1/2"	5	155

PIPE AND FITTINGS	Type of Pipe: Schedule 40 Black Steel and CPVC Type of Fittings: Ductile Iron Threaded/Grooved and CPVC
--------------------------	--------------------------------------------------------------------------------------------------------------------------

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THRU TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN.	SEC.
	Flow Switch	System Sensor	WFD 30N	0	46

DRY PIPE OPERATING TEST	DRY VALVE			Q.O.D.			
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	
	N/A						
		TIME TO TRIP THRU TEST CONNECTION*	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.						<input type="checkbox"/>

	IF NO, EXPLAIN:
--	-----------------

*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION OPENED.