

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 **409 CUMBERLAND AVE APARTMENTS** DATE **1/20/15**

PROPERTY ADDRESS **409 CUMBERLAND AVE PORTLAND, ME**

ACCEPTED BY **State of Maine Fire Marshal's Office**

PLANS ADDRESS **45 Commerce Drive Suite 1 Augusta, ME 04330**

Installation conforms to accepted plans Yes No
 Equipment used is approved If no, explain deviations. Yes 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? Yes No
 If no, explain?

Has copies of the following been left on the premises?
 1. System components instructions Yes No
 2. Care and maintenance instructions Yes No
 3. NFPA 25 (Owners Manual) Yes No

LOCATION OF SYSTEM Supplies buildings **GARAGE & GREENHOUSE NFPA 13 (DRY SYSTEM)**

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE/K-FACTOR	QUANTITY	TEMPERATURE RATING
	RELIABLE	F1FR56 UPRIGHT	2014	K 5.6	62	200'
	RELIABLE	F3QR DRY PENDENT	2014	K 5.6	3	200'

PIPING & FITTINGS Type of pipe **BLACK IRON**
 Type of fittings **BLACK IRON**

ALARM VALVE OR FLOW INDICT.	Alarm Device			Maximum time to operate through test connection.	
	Type	Make	Model	Minutes	Seconds
	Pressure	System Sensor	EP310-2		2

DRY PIPE OPERATION TEST	Dry valve			Q.O.D.					
	Make	Model	Serial no.	Make	Model	Serial no.			
	Time to trip through test connection ¹		Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet ¹		Alarm operated properly	
	Minutes	Seconds	Psi	Psi	Psi	Minutes	Seconds	Yes	No
Without Q.O.D.		75	40	14	7:00	00			
With Q.O.D.									

If no, explain

DELUGE & PREACTION VALVES

Operation Pneumatic Electric Hydraulic

Piping supervised Yes No

Does valve operate from the manual trip, remote, or both control stations? Yes No

Is there an accessible facility in each circuit for testing? Yes 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

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

¹ Measured from time inspector's test connection is opened.

TEST DESCRIPTION	<p>Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) 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 bar) in 24 hours.</p>						
TEST	All piping hydrostatically tested at <u>200</u> psi (<u>13.8</u> bar) for <u>2</u> hours Dry piping pneumatically tested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Equipment operates properly <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If no, state reason			
	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 of stopping leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Drain test	Reading of gauge located near water supply test connection: <u>29</u> psi (<u> </u> bar).			Residual pressure with valve in test connection open wide: <u>27</u> psi (<u> </u> bar).		
	Underground mains and lead in connections to system riser flushed before connection made to sprinkler piping?						
	Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping? <input type="checkbox"/> Yes <input type="checkbox"/> No				Other Explain <u>By others</u>		
If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, explain <u>None used</u>			
BLANK TESTING GASKETS	Number used <u>0</u>	Locations <u> </u>			Number removed <u>0</u>		
WELDING	Welding 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 B2.1?				<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 B2.1?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure 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			
CUTOUTS (DISCS)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved? <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>1/21/15</u>						
SIGNATURES	Name of sprinkler contractor <u>High Tech Fire Protection</u>						
	Test witnessed by						
	For property owner (signed) <u>[Signature]</u>		Title <u>Protect Manager</u>		Date <u>1/21/15</u>		
For sprinkler contractor (signed) <u>[Signature]</u>		Title <u>Inspector 310</u>		Date <u>1/21/15</u>			
Additional Explanations and notes							
SPRINKLERS	RELIABLE	FRFR56 HSW	2014	K 5.6	7	155'	