

Contractor's Material and Test Certificate for **A**boveground 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, of failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME Keon Residence	DATE May 23, 2016
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PROPERTY ADDRESS
44 Oak Street, Portland Maine

PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES) State of Maine Fire Marshal's Office
	ADDRESS Augusta, Maine
	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

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: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1. SYSTEM COMPONENTS INSTRUCTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2. CARE AND MAINTENANCE INSTRUCTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3. NFPA 25 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

LOCATION OF SYSTEM	SUPPLIES BUILDINGS 4th Floor 5th Floor and Roof Deck Stair Tower
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SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
		Tyco	Upright	2016	1/2"	52

	TYPE OF PIPE Mixture of steel and CPVC Blazemaster
	TYPE OF FITTINGS Mixture of steel and CPVC Blazemaster

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN.	SEC.
	Flow Indicator	Potter	VSR		20

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.							
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
	TIME TO TRIP THROUGH 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"/> <input type="checkbox"/>	
	With Q.O.D.										<input type="checkbox"/> <input type="checkbox"/>	

IF NO, EXPLAIN

DELUGE & PREACTION ACTION	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 AND/OR REMOTE 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		YES NO	

*MEASURED FROM TIME INPSECTOR'S TEST CONNECTIONS IS OPENED.

PRESSURE REDUCING VALVE TEST	LOCATION & FLOOR	MAKE & MODEL	SETTING	STATIC PRESSURE		RESIDUAL PRESSURE (FLOWING)		FLOW RATE
				INLET (PSI)	OUTLET (PSI)	INLET (PSI)	OUTLET (PSI)	FLOW (GPM)
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>PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1 1/2 (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure measure and air pressure drop, which shall not exceed 1 1/2 (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 type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO							
	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 OR STOPPING LEAKS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	DRAIN TEST	READING OF GAUGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: <u>68</u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE <u>55</u> PSI		
UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO 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 Existing	EXPLAIN Installed by others		
IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE, HAS REPRESENTATIVE SAMPLE TESTING BEEN SATISFACTORILY COMPLETED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					IF NO, EXPLAIN			
BLANK TESTING GASKETS	NUMBER USED n/a	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								
CUTOUTS (DISCS)	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL (DISCS) ARE RETRIEVED?					CUTOUTS	YES	<input checked="" 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: May 18, 2016							
	NAME OF SPRINKLER CONTRACTOR Freedom Fire Protection, Inc.							
	TESTS WITNESSED BY							
	FOR PROPERTY OWNER (SIGNED) Asa Gorman					TITLE General Contractor	DATE 5/23/16	
	FOR SPRINKLER CONTRACTOR (SIGNED)					TITLE Inspection Dept.	DATE 5/23/16	
ADDITIONAL EXPLANATION AND NOTES								