

CONTRACTOR'S MATERIAL & 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 contractor. It is understood the owner's representatives signature in no way prejudices any claim against the contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME <i>Payson Apt.</i>		DATE <i>12/31/15</i>					
PROPERTY ADDRESS <i>218 State St. Portland Me.</i>							
PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES <i>STATE OF MAINE FIRE MARSHAL'S OFFICE</i>						
	ADDRESS <i>45 COMMERCE DR. SUITE 1, AUGUSTA, ME 04330</i>						
	INSTALLATION CONFORMS TO ACCEPTED PLANS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	EQUIPMENT USED IS APPROVED (IF NO, STATE DEVIATIONS BELOW)		<input type="checkbox"/> YES <input type="checkbox"/> NO				
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND THE CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF NO, EXPLAIN:			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? IF NO, EXPLAIN:			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
LOCATION OF SYSTEM	SUPPLIES BUILDINGS <i>1ST + 2ND FLOOR</i>						
SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING	
	<i>VIKING</i>	<i>VK400</i>	<i>2015</i>	<i>1/2"</i>	<i>30</i>	<i>155°</i>	
	<i>VIKING</i>	<i>VK305</i>	<i>2015</i>	<i>1/2"</i>	<i>10</i>	<i>155°</i>	
	<i>VIKING</i>	<i>VK402</i>	<i>2015</i>	<i>1/2"</i>	<i>6</i>	<i>155°</i>	
	<i>VIKING</i>	<i>VK300</i>	<i>2015</i>	<i>1/2"</i>	<i>22</i>	<i>155°</i>	
	<i>VIKING</i>	<i>VK300</i>	<i>2015</i>	<i>1/2"</i>		<i>200°</i>	
PIPE AND FITTINGS	PIPE CONFORMS TO <i>ASTM 795</i> STANDARD		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	FITTINGS CONFORM TO <i>ANSI B16.4</i> STANDARD		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
ALARM VALVE OR FLOW INDICATOR <i>2ST FL.</i>	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE			
	TYPE	MAKE	MODEL	MIN.	SEC.		
	<i>padlock</i>	<i>System Sensor</i>	<i>WFD 20N</i>		<i>38</i>		
	<i>padlock</i>	<i>System Sensor</i>	<i>WFD 20N</i>		<i>32</i>		
DRY PIPE OPERATING TEST	DRY VALVE			Q.O.D.			
	MAKE	MODEL	SERIAL NUMBER	MAKE	MODEL	SERIAL NUMBER	
		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.	MIN. SEC.
WITHOUT Q.O.D.							
WITH Q.O.D.							
IF NO, EXPLAIN:							

OPERATION: PNEUMATIC ELECTRIC HYDRAULIC

PIPING SUPERVISED YES NO DETECTING MEDIA SUPERVISED? YES NO

DOES THE VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL? YES NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? YES NO

IF NO, EXPLAIN: YES 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

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 (10.3 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.

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.

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 Hrs. IF NO, STATE REASON

DRY PIPING PNEUMATICALLY TESTED? YES NO

EQUIPMENT OPERATES PROPERLY? YES NO

DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE:	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE
	<u>63</u> PSI	<u>50</u> PSI

Underground mains and lead-in connections to system risers shall be flushed before connection made to sprinkler piping.

VERIFIED BY COPY OF THE FORM NUMBER 85B? YES NO OTHER EXPLAIN

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING? YES NO

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED
<u>0</u>		

WELDING

WELDED PIPING? YES 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? YES 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? YES 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 INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? YES NO

HYDRAULIC DATA NAMEPLATE

NAMEPLATE PROVIDED? YES NO

IF NO, EXPLAIN:

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

12/31/15

SIGNATURES

NAME OF INSTALLING CONTRACTOR
MAINE FIRE PROTECTION SYSTEMS

FOR PROPERTY OWNER (Signed)		TESTS WITNESSED BY	
TITLE	DATE	TITLE	DATE
<u>Roger Henriquez</u>		<u>Fitter</u>	<u>12/31/15</u>
<u>Steve Houlton</u>			

ADDITIONAL EXPLANATION AND NOTES:

CONTRACTOR'S MATERIAL & 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.

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PROPERTY NAME <i>Payson Apts.</i>		DATE <i>12/31/15</i>					
PROPERTY ADDRESS <i>218 State St. Portland, Me.</i>							
PLANS	ACCEPTED BY APPROVING AUTHORITY'(S) NAMES <i>STATE OF MAINE FIRE MARSHAL'S OFFICE</i>						
	ADDRESS <i>45 COMMERCE DR. SUITE 1, AUGUSTA, ME 04330</i>						
	INSTALLATION CONFORMS TO ACCEPTED PLANS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	EQUIPMENT USED IS APPROVED (IF NO, STATE DEVIATIONS BELOW) <input type="checkbox"/> YES <input type="checkbox"/> NO						
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND THE CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:						
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:						
LOCATION OF SYSTEM	SUPPLY BUILDINGS <i>3rd + 4th Floors + Attic</i>						
SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING	
	<i>Viking</i>	<i>VK300</i>	<i>2015</i>	<i>1/2</i>	<i>38</i>	<i>200°</i>	
	<i>Viking</i>	<i>VK460</i>	<i>2015</i>	<i>1/2</i>	<i>50</i>	<i>155°</i>	
	<i>Viking</i>	<i>VK300</i>	<i>2015</i>	<i>1/2"</i>	<i>11</i>	<i>155°</i>	
PIPE AND FITTINGS	PIPE CONFORMS TO <i>ASTM 795</i> STANDARD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	FITTINGS CONFORM TO <i>ANSI B16.4</i> STANDARD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:						
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE			
	TYPE	MAKE	MODEL	MIN.	SEC.		
<i>4th</i>	<i>Pardalle</i>	<i>System Sensor</i>	<i>WFD20N</i>		<i>41</i>		
<i>3rd</i>	<i>Pardalle</i>	<i>System Sensor</i>	<i>WFD20N</i>		<i>28</i>		
DRY PIPE OPERATING TEST	DRY VALVE			Q.O.D.			
	MAKE	MODEL	SERIAL NUMBER	MAKE	MODEL	SERIAL NUMBER	
	<i>Tyco</i>	<i>DPV-1</i>	<i>0044</i>				
	TIME TO TRIP THRU TEST PIPE	WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	Time Water Reached Test Outlet	Alarm Operate Properly	
MIN.	SEC.	PSI	PSI	MIN.	SEC.	MIN.	SEC.
WITHOUT Q.O.D.		<i>11</i>	<i>65</i>	<i>43</i>	<i>12</i>	<i>25</i>	
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 type="checkbox"/> YES <input type="checkbox"/> NO				DETECTING MEDIA SUPERVISED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	DOES THE VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL? <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: 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 (10.3 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.
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.

TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>100</u> PSI FOR <u>2</u> Hrs.		IF NO, STATE REASON	
	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			
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: <u>45</u> PSI		RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>60</u> PSI
	Underground mains and lead-in connections to system risers shall be flushed before connection made to sprinkler piping.			
VERIFIED BY COPY OF THE FORM NUMBER 85B? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OTHER EXPLAIN		
FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	<u>0</u>		

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 INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED? IF NO, EXPLAIN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>12/31/15</u>
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SIGNATURES	NAME OF INSTALLING CONTRACTOR <u>MAINE FIRE PROTECTION SYSTEMS</u>		
	TESTS WITNESSED BY:		
	FOR PROPERTY OWNER (Signed) <u>T. Rogers</u>	TITLE	DATE
	FOR INSTALLING CONTRACTOR (Signed) <u>Scott Humber</u>	TITLE <u>F. Her</u>	DATE <u>12/31/15</u>

ADDITIONAL EXPLANATION AND NOTES: