CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR



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.

| or failure to comp | ly with app | proving au | thority's requ | irements or lo | cal ordina | inces. | - | | , | | | | | |
|-------------------------------|---|---|-------------------|----------------|------------|-------------|--------------|-------------|--|--|--|-----------|--|--|
| PROPERTY NAM | ME | | | | | | | | | | ······································ | | | |
| 141 5 | hern | nan | St. | | | | | | | | | | | |
| PROPERTY ADD | | | | \circ | | | | | | | | | | |
| 141 5 | 3her | man | <u>>t</u> | PO | rtlo | nd, | <u> 1</u> | = | | | | | | |
| | ACCEPT | TED BY A | _ | AUTHORITY(| 'S) NAME | ES , | , A | 1 . | | | | | | |
| | Maine State Fire Marshal | | | | | | | | | | | | | |
| | ADDRESS | | | | | | | | | | | | | |
| PLÂNS | | INSTALLATION CONFORMS TO ACCEPTED PLANS | | | | | | | | | | | | |
| | INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED | | | | | | | | | | | | | |
| | IF NO, EXPLAIN DEVIATIONS | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 1 | HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION | | | | | | | | | | | | |
| | OF CON | ITROL VA | LVES AND | CARE AND M | MENTEN | ANCE OF | THIS NI | EM EQUIPMEN | TION IT | | ☐ YE | s 🗌 no | | |
| - | TIP NO, E | EXPLAIN | | | | | | | | | | | | |
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| INSTRUCTIONS | HAVEC | HAVE CODIES OF ADDRODDIATE INSTRUCTIONS AND CARS AND CARS AND CARS | | | | | | | | | | | | |
| | HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES | | | | | | | | | | DYE: | S NO | | |
| | IF NO, EXPLAIN | | | | | | | | | | | | | |
| | | and the second second | معرون دعو | | | | | | to the commence of the contract of the contrac | ۵۰۰ مارد مارسسوم بازاد کاردست. مارد د | | | | |
| LOCATION | SUPPLIE | SUPPLIES BLDGS. | | | | | | | | | | | | |
| OF SYSTEM | | | 5 | ntue 1 | 3ldg | | | | | | | | | |
| SPRINKLERS | MAKE | | | YEAR | | | OF | ORIFICE | 01 | ANTITY | TEMPE | RATURE | | |
| | | | | <u> </u> | | MANUFACTURE | | SIZE | | COANTITI | | 155°/ 200 | | |
| | TYCO | | | TY-FRB | | 3011 | | <u> </u> | | 0 | | 1200 | | |
| | TYCO | | | L L I | 2011 | | <i>Ya</i> | - 6 | 49 | | 155° | | | |
| | | | | <u> </u> | | | | | + | | - | | | |
| | | | | | | | | - | | | | | | |
| | PIPE COI | NFORMS | ro 1/1 | PA 13 | STAND | ARD | L | | | |) YES | S NO | | |
| PIPE AND | | | | 1FPA 13 | STAND | | | | | | X YES | | | |
| FITTINGS | | FITTINGS CONFORM TO NET YA 13 STANDARD YES NO | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | ALARM DEVICE MAXIMUM TIME | | | | | | | | | E TO OPERATE THROUGH TEST PIPE | | | | |
| ALARM | TYPE | | | MA | Me | ODEL | | MIN, | | | SEC. | | | |
| VALVE OR FLOW INDICATOR | Water Flow Sto. | | | Potter | | | | | | | 19 | | | |
| | | | | | | | | | | | | | | |
| DRY PIPE OPERATING TEST | | | | VALVE | | | | | 0.0 | | | | | |
| | | MAKE | | MODEL | SER | AL NO. | | MAKE | | MODEL | SERIA | L NO. | | |
| | | | | | | | | | | | | | | |
| | TIME TO TRIP THRU TEST PIPE | | WATER PRESSURE | | PRESSURE | | TRIP POINT | | E WATER | ALARM OPERATED | | | | |
| | | | | | | | AIR PRESSURE | | ACHED | PROPE | | | | |
| | | MIN, | SEC. | PSI | | PSI | | PSI | MIN | SEC. | YES | NO | | |
| | Without | | | | | | | | | | | | | |
| | Q.O.D. | | | | | | | | | | | | | |
| | With | | T | | | | | | | | | | | |
| | Q.O.D. | | | | | | | | | | | | | |
| | IF NO, EX | (PLAIN | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| DELUGE & PREACTION VALVES | OPERATION | | PNEU | MATIC | □ ELE | CTRIC | | | YDRAUL | 10 | | | | |
|---------------------------|---|-------------|-------------|----------------|---------------------------|-----------------|----------|--|----------|-----------|-----------------|----------------|-----------|--|
| | PIPING SUPERVI | ISED | YES | WATIC | □NO | | DETEC | | | | ED | | | |
| | PIPING SUPERVISED YES NO DETECTING MEDIA SUPERVISED DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS | | | | | | | | | | | YES NO | | |
| | IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING IF NO, EXPLAIN | | | | | | | | | | | L YES | No | |
| | | | | | | | | | | | | | | |
| | | | | DOES EA | DOES EACH CIRCUIT OPERATE | | | DOE | S EACH C | HPCLUT | | MAXIMUM | M TIME TO | |
| | MAKE | | MODEL | | ISION LC | OSS ALARM NO | | DOES EACH CIRCUIT OPERATE VALVE RELEASE | | | OPERATE RELEASE | | | |
| | | | | | YES | | | 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 (10.2 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. FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available. PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-½ 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 1-½ psi (0.1 bars) in 24 hours. | | | | | | | | | | | | | |
| | ALL PIPING HYD | | | DAT <u>"Zø</u> | | | 2_H | RS. | IF NO, S | TATE REA | ISON | | | |
| | DRY PIPING PNEUMATICALLY TESTED YES NO | | | | | | | | | | | | | |
| | EQUIPMENT OPE | | | [| | □ NO | | | | | | | | |
| * | DRAIN READING TEST STATIC PI | DECCURE. | CATED NEAR | | PLY TES | ST PIPE: | RESIC | | | | VE IN T | EST PIPE OF | PEN WIDE | |
| TESTS | I | | | PSI | | | <u> </u> | _63 | | PSI | | | | |
| | Undergroun | | | | o syste | m risers f | | | re conn | ection ma | de to s | prinkler p | iping. | |
| | VERIFIED BY COPY OF THE U FORM NO. 85B YES NO OTHER EXPLAIN | | | | | | | | | | LAIN | | | |
| | FLUSHED BY INSTALLER OF UNDER. GROUND SPRINKLER PIPING YES NO & flushed by ethers NUMBER USED LOCATIONS | | | | | | | | | | | 1. teste | eO | |
| | GROUND SPRINK | | | | YES | NO | 4 | · fl | is head | ly c | Her | 5 | | |
| BLANK TESTING GASKETS | NUMBER USED L | _OCATIONS | | | | | | | | V | | NUMBER | REMOVED | |
| | WELDED PIPING | XYES | □NO | | | | | | | | | | | |
| | IF YES | | | | | | | | | | | | | |
| WELDING | 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 THE INTERNAL DIAMETERS OF | | | | | | | | | | | | | |
| | PIPING ARE NOT PENETRATED | | | | | | | | | | | Z YES | ☐ NO | |
| HYDRAULIC DATA | NAMEPLATE PROV | VIDED | | IF NO, EX | PLAIN | | | | | | | | | |
| NAMEPLATE | | ⊠.YES | | | | | | | | | | | | |
| | DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: | | | | | | | | | | | | | |
| REMARKS _ | 3-16-12 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | NAME OF SPRINKLER CONTRACTOR | | | | | | | | | | | | | |
| | Eastern Fire Protection | | | | | | | | | | | | | |
| | FOR PROPERTY ON | WNED /CLOK | 1501 | | | VITNESSI | ED BY | | | | | | | |
| | CALL TO SERIES OF | WINER ISIGN | VCU) | | ľ | ITLE | XX | 0 | | | DA I | TE | | |
| | EDR SPRINK ED C | ONTERROTTO | R (SIGNED) | | | (W) | V01 | _ | | | | ~ | | |
| | THE RINKLER C | LI. | in (SIGNED) | i | | TLE | 10 | ۶ | | | DA | TE -/_/.). | | |
| | Bunty | (pm) | 7 | | | Pitter | 14 | orc | MAN | <u></u> | | 124/1 |) | |
| DDITIONAL EXP | LANATION AND N | NOTES | | | | | | | | | | ' / | | |