

# Contractors Material and Test Certificate for Aboveground Piping



**A. 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. All "No" answers shall be explained in the Comments portion of this form.

Property Name: MMC Garage Address: Congress St. Date: 7/16/18

**B. Plans**

1. Accepted by Approving Authorities (Names): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Installation conforms to accepted plans  Yes  No
4. Equipment used is approved  Yes  No

**C. Instructions**

1. 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
2. Have copies of the following been left on the premises:
  - a. System components instructions  Yes  No
  - b. Care and maintenance instructions  Yes  No
  - c. NFPA 25  Yes  No

**D. Location of system** - Supplies building(s): visiting parking

**E. Sprinklers**

Make	Model	Year Made	Orifice	Quantity	Temperature
<del> </del>					
<del> </del>					
<del> </del>					
<del> </del>					
<del> </del>					

**F. Pipe and Fittings**

1. Type of Pipe: SCH 40 galvanized
2. Type of Fittings: galvanized grooved coupling

**G. Alarm Valve or Flow Indicator**

Type	Make	Model	Max. Time to Operate Through Insp. Test
<del> </del>			
<del> </del>			
<del> </del>			

**H. Dry-Pipe Valve**

Make, Model and Serial Number: \_\_\_\_\_

**I. Quick Opening Device (Q.O.D.)**

Make, Model and Serial Number: \_\_\_\_\_

**J. Dry-Pipe System Operating Test Without Q.O.D.**

1. Time to trip through test connection\*:
2. Water pressure \_\_\_\_\_ psi. Air pressure \_\_\_\_\_ psi.
3. Trip point air pressure \_\_\_\_\_ psi.
4. Time water reached test outlet\*:
5. Alarm operated properly  Yes  No

**K. Dry-Pipe System Operating Test With Q.O.D.**

1. Time to trip through test connection\*:
2. Water pressure \_\_\_\_\_ psi. Air pressure \_\_\_\_\_ psi.
3. Trip point air pressure \_\_\_\_\_ psi.
4. Time water reached test outlet\*:
5. Alarm operated properly  Yes  No

**L. Deluge and Preaction Valves**

1. Make & Model: \_\_\_\_\_
2. Operation:  Pneumatic  Electric  Hydraulic
3. Piping and detecting media supervised  Yes  No
4. Does valve operate from manual trip and/or remote control stations  Yes  No
5. Is there an accessible facility in each circuit for testing  Yes  No
6. Does each circuit operate supervision loss alarm  Yes  No
7. Does each circuit operate valve release  Yes  No
8. Maximum time to operate release:

**O. Tests**

1. All piping hydrostatically tested at 200 psi for 2 hours
2. Dry piping pneumatically tested  Yes  No
3. Equipment operates properly  Yes  No
4. 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?  Yes  No
5. Drain Test:
  - a. Static pressure reading of gage located near water supply connection \_\_\_\_\_ psi.
  - b. Residual pressure with valve in test connection open wide \_\_\_\_\_ psi.
6. Underground mains and lead in connections to risers flushed before connection made to sprinkler piping and verified by copy of form No. 13-U  Yes  No
7. Flushed by installer of underground piping  Yes  No
8. If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed?  Yes  No

**P. Blank Testing Gaskets**

1. Number used: \_\_\_\_\_
2. Locations: \_\_\_\_\_
3. Number removed: \_\_\_\_\_

**Q. Welded Piping** - If welded piping was used in the system, complete the following:

1. As the sprinkler contractor, were welding procedures in compliance with the requirements of at least AWS B2.1, ASME Section IX or other required standards  Yes  No
2. Was welding performed by welders qualified in compliance with the requirements of at least AWS B2.1, ASME Section IX or other required standards  Yes  No
3. Do you certify that welding was carried out in compliance with a documented quality control procedure to insure that all discs are retrieved, openings in pipe are smooth, slag and other welding residue are removed, the internal diameters of piping are not penetrated, completed welds are free from cracks, incomplete fusion, surface porosity greater than 1/16 inch in diameter, undercut deeper than the lesser of 25% of the wall thickness or 1/32 inch, and the completed circumferential butt weld reinforcement does not exceed 3/32 inch?  Yes  No

**R. Cutouts (Disks)**

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved?  Yes  No

**S. Hydraulic Data Nameplate Provided**

Yes  No

**T. Date left in service** (with all control valves open):

**U. Signatures**

1. Name of sprinkler contractor: Dean + Allyn
2. Tests witnessed by: ad [signature] TCCO 7/16/18  
 For property owner (Signed): [signature]  
 Title: MMC PROJECT MGR Date: 7.16.18  
 For sprinkler contractor (Signed): [signature]  
 Title: sprinkler fitter Date: 7/16/18

**V. Comments** (This section is for additional explanation and notes. All "No" answers must be explained here.)

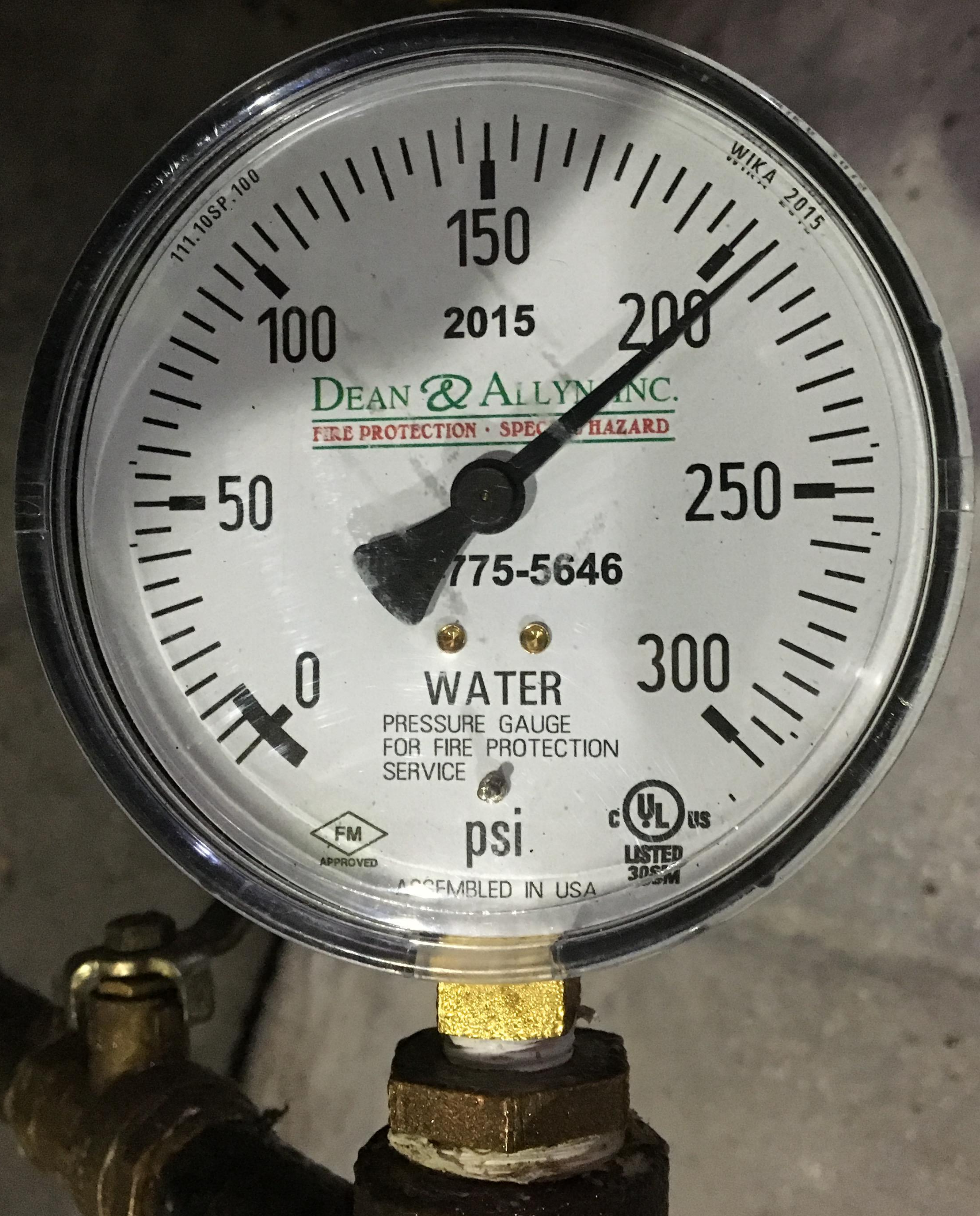
\_\_\_\_\_  
 \_\_\_\_\_  
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N/A

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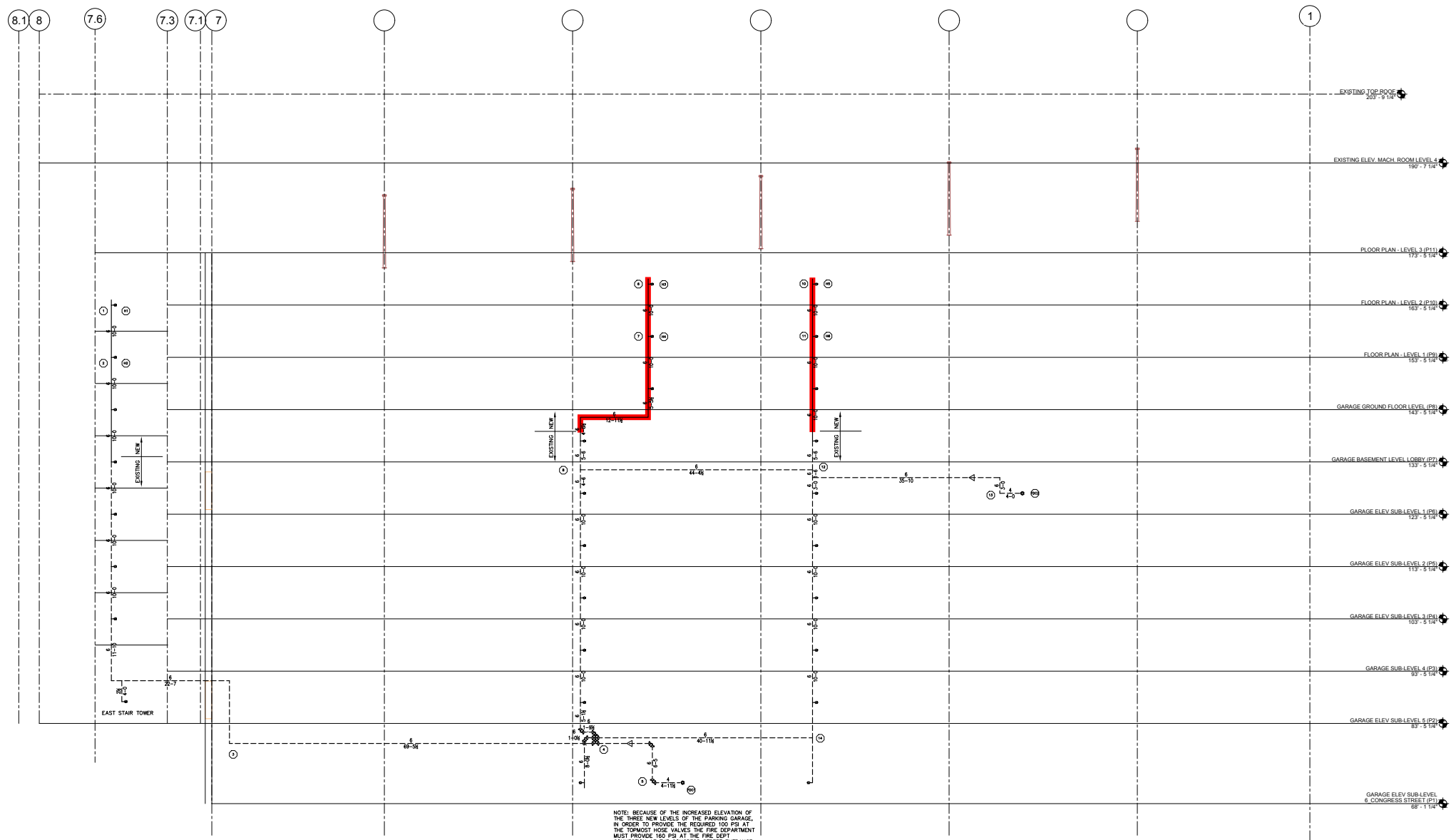
System pressure at 8:28am



System pressure at 8:32 am



**Section of Piping Tested**



NOTE: BECAUSE OF THE INCREASED ELEVATION OF THE THREE NEW LEVELS OF THE PARKING GARAGE, IN ORDER TO PROVIDE THE REQUIRED 150 PSI AT THE TOPMOST HOSE VALVES, THE FIRE DEPARTMENT MUST PROVIDE 150 PSI AT THE FIRE DPT CONNECTION AT THE CONGRESS STREET ENTRANCE.

**TURNER CONSTRUCTION COMPANY**  
 Reviewed for General Acceptance only. This review does not relieve the Subcontractor of the responsibility for making the work conform to the requirements of the contract.  
 The Subcontractor is responsible for all dimensions, correct fabrication and accurate fit with the work of other trades.  
**SUBJECT TO ARCHITECTS APPROVAL**  
 Signed Nixon Maitre Date 06/27/2018  
 Submittal No. VG- 211000-001\_ MMC Visitor's Garage Standpipe Plans and Calcs.pdf

- LEGEND:**
- EXISTING PIPE SHOWN DOTTED
  - NEW PIPE SHOWN SOLID
  - RISE OR DROP
  - GROOVED RIGID COUPLING
  - GROOVED FLEXIBLE COUPLING
  - ⊗ HYDRAULIC REFERENCE POINT
  - ⊗-X' CEILING HEIGHT
  - HANGER
- F  $\bar{L}$  = X'-X" FINISHED FLOOR TO PIPE CENTERLINE  
 D  $\bar{L}$  = X'-X" CONCRETE DECK TO PIPE CENTERLINE  
 CTE CONNECT TO EXISTING

**GENERAL NOTES:**  
 ALL 6" PIPE IS TO BE SCH. 40 GALVANIZED STEEL U/N.  
 DIMENSIONS SHOWN ON GROOVED PIPE ARE "CUT" LENGTHS U/N.

**SYSTEM CLASSIFICATION:**  
 THE EXTENSION OF THE EXISTING CLASS I, MANUAL DRY STANDPIPE SYSTEM IS DESIGNED IN ACCORDANCE WITH NFPA-14, STANDARD FOR THE INSTALLATION OF STANDPIPE AND HOSE SYSTEMS, 2016 EDITION.  
 THE SYSTEM IS HYDRAULICALLY CALCULATED TO PROVIDE 250 GPM @ 100 PSI FROM EACH OF THE TWO TOPMOST 2 1/2" HOSE VALVES ON THE MOST REMOTE STANDPIPE PLUS 250 GPM FROM EACH OF THE OTHER TWO STANDPIPES.

**SCOPE OF WORK:**  
 EXTEND THREE EXISTING 6" STANDPIPES UP TO THREE NEW LEVELS OF THE VISITOR'S PARKING GARAGE.

FIRE PROTECTION SUBCONTRACTOR: DEAN & ALLYN, INC.  
 STATE OF MAINE CONTRACTOR'S LICENSE NUMBER 262  
 EXPIRATION DATE: JUNE 30, 2019  
 WORKING DRAWINGS PREPARED BY:  
 THEODORE E. CLARKE  
 NICET LEVEL IV  
 CERTIFICATION #71654  
 STATE OF MAINE RMS LICENSE NUMBER 208  
 EXPIRATION DATE: JUNE 30, 2019

**DEAN & ALLYN, INC.**  
 FIRE PROTECTION - SPECIAL HAZARD  
 116 LEWISTON ROAD, GRAY, MAINE 04039  
 (207)657-5646 FAX:(207)657-5647

		DANA A. STEWART NICET IV - #064544 DRAWING TITLE: <b>STANDPIPE SYSTEM RISER DIAGRAM</b>		REV. 0
SURVEYED BY: TEC 6/11/18 DRAWN BY: TEC 6/15/18 CHECKED BY: AT DEAN & ALLYN, INC. SCALE: NONE SHEET NO. FP-100	APPROVED BY: DATE: 6/15/18	JOB: MAINE MEDICAL CENTER VISITOR'S GARAGE PORTLAND, MAINE	NO. OF REVISIONS: 0 NO. OF PROPOSERS: 0	CONTRACT NO. C171517
SUBMIT FOR APPROVAL 6/15/18		CONTRACT WITH: TURNER CONSTRUCTION COMPANY TWO SEAPORT LANE, BOSTON, MA 02210		