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: Maine Medical Center — DATE: 2/11/16

PROPERTY ADDRESS: Portland, Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY'(S) NAMES: STATE OF MAINE FIRE MARSHAL'S OFFICE

ADDRESS: 45 COMMERCE DR. SUITE 1, AUGUSTA, ME 04330

INSTALLATION CONFORMS TO ACCEPTED PLANS — [X] YES [ ] NO

EQUIPMENT USED IS APPROVED (IF NO, STATE DEVIATIONS BELOW) — [X] YES [ ] 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? — [X] YES [ ] NO
IF NO, EXPLAIN:

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? — [ ] YES [X] NO
IF NO, EXPLAIN: Existing system

LOCATION OF SYSTEM

SUPPLIES BUILDINGS

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Reliable	G5-56	2015	1/2"	5	155°
Reliable	G6-56	2015	1/2	2	155°

PIPE AND FITTINGS

PIPE CONFORMS TO ASTM 795 STANDARD — [X] YES [ ] NO

FITTINGS CONFORM TO ANSI B16.4 STANDARD — [X] YES [ ] NO
IF NO, EXPLAIN:

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE SEC.
	Existing			

DRY PIPE OPERATING TEST

DRY VALVE MAKE	DRY VALVE MODEL	DRY VALVE SERIAL NUMBER	Q.O.D MAKE	Q.O.D MODEL	Q.O.D SERIAL NUMBE

	TIME TO TRIP THRU TEST PIPE MIN.	TIME TO TRIP THRU TEST PIPE SEC.	WATER PRESSURE PSI	AIR PRESSURE PSI	TRIP POINT AIR PRESSURE PSI	Time Water Reached Test Outlet MIN.	Time Water Reached Test Outlet SEC.	Alarm Operated Properly MIN.	Alarm Operated Properly SEC
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO, EXPLAIN:

DELUGE & PREACTION VALVES

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:

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.
Existing							

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 _____ PSI FOR _____ Hrs.

IF NO, STATE REASON: System was in service everyday after work was performed.

DRY PIPING PNEUMATICALLY TESTED? ☐ YES ☒ NO

EQUIPMENT OPERATES PROPERLY? ☒ YES ☐ NO

DRAIN TEST — READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: _____ PSI

RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ 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
0		

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: Existing system

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

System was returned to service after each day of work performed.

SIGNATURES

NAME OF INSTALLING CONTRACTOR: MAINE FIRE PROTECTION SYSTEMS

	TESTS WITNESSED BY		
	TITLE	DATE	
FOR PROPERTY OWNER (Signed)	SUFFOLK CONST. SUPT.	2-11-16	
FOR INSTALLING CONTRACTOR (Signed)	TITLE	DATE	
	F. Her	2/11/16	

ADDITIONAL EXPLANATION AND NOTES: