

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

Office
File
RAT

5305

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.

PROPERTY NAME BUTLER SCHOOL APT. DATE 9-18-15

PROPERTY ADDRESS 77 PINE ST., PORTLAND, ME

PLANS

ACCEPTED BY APPROVING AUTHORITY(IES) NAMES

MAINE STATE FIRE MARSHAL

ADDRESS

AUGUSTA, ME

INSTALLATION CONFORMS TO ACCEPTED PLANS
EQUIPMENT USED IS APPROVED
IF NO, EXPLAIN DEVIATIONS

☒ YES ☐ NO
☒ YES ☐ 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

☒ YES ☐ NO

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES
IF NO, EXPLAIN

☒ YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BLDGS.

LOWER LEVEL / 1ST / 2ND / 3RD WET SYSTEM

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
RELIABLE FIRES	HORIZ SIDEWALL	2015	7/16"	262	155°
RELIABLE RFI	PENDENT	2015	7/16"	47	165°
RELIABLE FIFR	UPRIGHT	2015	1/2"	328	200°
RELIABLE FIFR	HORIZ SIDEWALL	2015	1/2"	12	200°

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD
FITTINGS CONFORM TO NFPA 13 STANDARD
IF NO, EXPLAIN

☒ YES ☐ NO
☒ YES ☐ NO

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE

MAXIMUM TIME TO OPERATE THROUGH TEST PIPE

TYPE	MAKE	MODEL	MIN.	SEC.
<u>FLW SW.</u>	<u>POTTER</u>	<u>VSR-6</u>	<u>-</u>	<u>24</u>

DRY PIPE OPERATING TEST

DRY VALVE					O.O.D.				
MAKE		MODEL	SERIAL NO.		MAKE		MODEL	SERIAL NO.	
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.	YES	NO	
Without O.O.D.									
With O.O.D.									
IF NO, EXPLAIN									

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 VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO							
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING IF NO, EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> 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 (10.2 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 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>200</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 type="checkbox"/> YES <input type="checkbox"/> NO							
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>50</u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>45</u> PSI <u>2" Dia</u>		
	Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping. VERIFIED BY COPY OF THE U FORM NO. 85B <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER EXPLAIN FLUSHED BY INSTALLER OF UNDER- <input type="checkbox"/> YES <input type="checkbox"/> NO <u>All underground installed, tested & flushed by others</u> GROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO							
BLANK TESTING GASKETS	NUMBER USED <u> </u>	LOCATIONS <u> </u>					NUMBER REMOVED <u> </u>	
WELDING	WELDED PIPING <input checked="" type="checkbox"/> YES <input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN <u> </u>					
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>12-9-15</u>							
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>EASTERN FIRE PROT.</u>							
	FOR PROPERTY OWNER (SIGNED) <u>[Signature]</u>				TITLE <u>fitter</u>		DATE <u>9/21/15</u>	
	FOR SPRINKLER CONTRACTOR (SIGNED) <u>[Signature]</u>				TITLE <u> </u>		DATE <u>9/21/15</u>	
ADDITIONAL EXPLANATION AND NOTES <u> </u>								

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PLANS
ACCEPTED BY APPROVING AUTHORITY(IES) NAMES
MAINE STATE FIRE MARSHAL
ADDRESS
AUGUSTA, ME
INSTALLATION CONFORMS TO ACCEPTED PLANS ☒ YES ☐ NO
EQUIPMENT USED IS APPROVED ☒ YES ☐ NO
IF NO, EXPLAIN DEVIATIONS

INSTRUCTIONS
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
IF NO, EXPLAIN
HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES ☒ YES ☐ NO
IF NO, EXPLAIN

LOCATION OF SYSTEM
SUPPLIES BLDGS.
ATTIC DRY SYSTEM

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<u>RELIABLE FIRE</u>	<u>UPRIGHT</u>	<u>2015</u>	<u>1/2"</u>	<u>109</u>	<u>200°</u>

PIPE AND FITTINGS
PIPE CONFORMS TO NFPA 13 STANDARD ☒ YES ☐ NO
FITTINGS CONFORM TO NFPA 13 STANDARD ☒ YES ☐ NO
IF NO, EXPLAIN

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

DRY VALVE				O.O.D.					
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
<u>TYCO</u>	<u>DM-1</u>								

IF NO, EXPLAIN

DELUGE & PREACTION VALVES	OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC																										
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