

# Contractor's Material and Test Certificate for

# Aboveground Piping

## A. Procedure (Conforms to NFPA 13-1994)

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: Shalun House  
 Property Address: 214 Daw South St. Date: 2-18-15

## B. Plans

1. Accepted by Approving Authorities (Names): State Fire #131411  
 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: Engine Building

## E. Sprinklers

Make	Model	Year Made	Orifice	Quantity	Temperature
Viking	VK200	2014	1/2	18	155°
Viking	VK468	2014	1/2	62	155°
Viking	VK486	2014	1/2	1	155°

## F. Pipe and Fittings

1. Type of Pipe: Black Iron / CPVC  
 2. Type of Fittings: Black Iron / CPVC

## G. Alarm Valve or Flow Indicator

Type	Make	Model	Max. Time to Operate Through Insp. Test
VANE	Pott	VR-S	38 SEC

## H. Dry-Pipe Valve

1. Make and Model: \_\_\_\_\_  
 2. Serial Number: \_\_\_\_\_

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

1. Make and Model: \_\_\_\_\_  
 2. 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 and 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: \_\_\_\_\_

## M. Pressure Reducing Valve

1. Location and Floor: \_\_\_\_\_  
 2. Make and Model: \_\_\_\_\_  
 3. Setting: \_\_\_\_\_  
 4. Static Pressure: Inlet \_\_\_\_\_ psi, Outlet \_\_\_\_\_ psi  
 5. Residual Pressure (Flowing): Inlet \_\_\_\_\_ psi, Outlet \_\_\_\_\_ psi  
 6. Flow Rate: \_\_\_\_\_ gpm

\*measured from time inspectors test connection is opened

## N. 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.

**Pneumatic:** Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1.5 psi (0.1 bars) in 24 hrs.

## O. Tests

1. All piping hydrostatically tested at 200 psi for 2 hours  
 2. Dry piping pneumatically tested N/A  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 59 psi.  
 b. Residual pressure with valve in test connection open wide 44 psi.  
 6. Underground mains and lead in connections to risers flushed before connection made to sprinkler By others  Yes  No  
 7. Flushed by installer of underground piping  Yes  No  
 8. If powder driven fasteners are used in concrete, By others has representative sample testing been satisfactorily completed? N/A  Yes  No

## P. Blank Testing Gaskets

1. Number used: NONE  
 2. Locations: \_\_\_\_\_  
 3. Number removed: \_\_\_\_\_

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

1. Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS D10.9, Level AR-3 N/A  Yes  No  
 2. 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  
 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 the pipe are smooth, slag and other welding residue are removed, and the internal diameters of piping are not penetrated N/A  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)

4-8-2015

## U. Signatures

1. Name of sprinkler contractor: Residential Fire  
 2. Tests witnessed by:  
 For property owner (Signed): [Signature]  
 Title: Super HOC Date: 4-8-2015  
 For sprinkler contractor (Signed): [Signature]  
 Title: sprinkler fitter super Date: 4-8-2015

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

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Check here if comments continue on reverse side of this form