

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING



Office  
Ashley  
PAT

5364

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: Briggs Street Apartments DATE: \_\_\_\_\_

PROPERTY ADDRESS: 5 Briggs Street, Portland, ME.

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: 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

**COPY**

LOCATION OF SYSTEM: SUPPLIES BLDGS.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	Reliable	F1FR56	2016	1/2	1	200°
	Reliable	F3 GR	2016	1/2	7	200°
	Reliable	F3 RES44	2016	1/2	4	175°
	Reliable	RFC44	2016	1/2	20	165°
	Reliable	F1RES44	2016	1/2	9	175°

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13R STANDARD  YES  NO

FITTINGS CONFORM TO NFPA 13R STANDARD  YES  NO

IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE				MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
TYPE	MAKE	MODEL	MIN.	SEC.	
<u>Water Flow Switch</u>	<u>Potter</u>	<u>VSR</u>	<u>-</u>	<u>16</u>	

DRY PIPE OPERATING TEST

	DRY VALVE			Q.O.D.			ALARM OPERATED PROPERLY		
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	YES	NO	
	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET			
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES	NO
Without Q.O.D.									
With Q.O.D.									

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 <input type="checkbox"/> YES <input type="checkbox"/> 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.	

**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 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>60</u> PSI	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u>55</u> PSI <u>1" drain</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 <u>Underground installed, tested &amp; flushed by others</u>	
FLUSHED BY INSTALLER OF UNDER GROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO			

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	<u>0</u>	<u>100</u>	

WELDING	WELDED PIPING <input type="checkbox"/> YES <input checked="" 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 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 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 type="checkbox"/> YES <input type="checkbox"/> NO	

HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, EXPLAIN

**REMARKS**  
2-14-17

NAME OF SPRINKLER CONTRACTOR  
Eastern Fire Protection

SIGNATURES	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED) <u>[Signature]</u>	TITLE <u>Manacor Briggs St Property LLC</u>	DATE <u>2-14-17</u>
	FOR SPRINKLER CONTRACTOR (SIGNED) <u>[Signature]</u>	TITLE <u>fore</u>	DATE <u>2-14-17</u>

ADDITIONAL EXPLANATION AND NOTES