

# Contractor's Material and Test Certificate for **A**boveground 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 representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, of failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME **191 Pine Street.** DATE **March 8, 2013**

PROPERTY ADDRESS **191 Pine Street**

**PLANS**  
 ACCEPTED BY APPROVING AUTHORITIES (NAMES)  
 State of Maine Fire Marshal's Office  
 ADDRESS  
 Augusta, Maine  
 INSTALLATION CONFORMS TO ACCEPTED PLANS  YES  NO  
 EQUIPMENT USED IS APPROVED, IF NO EXPLAIN DEVIATIONS  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 THE FOLLOWING BEEN LEFT ON THE PREMISES:  YES  NO  
 1. SYSTEM COMPONENTS INSTRUCTIONS  YES  NO  
 2. CARE AND MAINTENANCE INSTRUCTIONS  YES  NO  
 3. NFPA 25  YES  NO

**LOCATION OF SYSTEM**  
 SUPPLIES BUILDINGS  
 1st fl, 2nd fl, 3rd fl, and basement

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	Tyco	Pendant	2013	1/2"	37	155
Tyco	HSW	2013	1/2"	40	155	

TYPE OF PIPE  
 Mixture of BlazeMaster CPVC and Steel  
 TYPE OF FITTINGS  
 Mixture of BlazeMaster CPVC and Steel

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN.	SEC.
Flow Indicator	Potter	VSC			40

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.				
	MAKE		MODEL	SERIAL NO.	MAKE		MODEL	SERIAL NO.	
	TIME TO TRIP THROUGH TEST CONNECTION*		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 Q.O.D.								<input type="checkbox"/>	<input type="checkbox"/>
With Q.O.D.								<input type="checkbox"/>	<input type="checkbox"/>

IF NO, EXPLAIN

**DELUGE & PREACTION ACTION**  
 OPERATION  PNEUMATIC  ELECTRIC  HYDRAULIC  
 PIPING SUPERVISED  YES  NO DETECTING MEDIA SUPERVISED  YES  NO  
 DOES VALVE OPERATE FROM THE MANUAL AND/OR REMOTE STATIONS  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	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*MEASURED FROM TIME INPSECTOR'S TEST CONNECTIONS IS OPENED.

PRESSURE REDUCING VALVE TEST	LOCATION & FLOOR	MAKE & MODEL	SETTING	STATIC PRESSURE		RESIDUAL PRESSURE (FLOWING)		FLOW RATE
				INLET (PSI)	OUTLET (PSI)	INLET (PSI)	OUTLET (PSI)	FLOW (GPM)
TEST DESCRIPTION	<p><b>HYDROSTATIC:</b> 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.</p> <p><b>PNEUMATIC:</b> Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1 1/2 (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure measure and air pressure drop, which shall not exceed 1 1/2 (0.1 bars) in 24 hours.</p>							
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					n/a		
	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? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DRAIN TEST	READING OF GAUGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: <u>43</u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE <u>37</u> PSI		
UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO VERIFIED BY COPY OF THE U FORM NO. 85B FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO					OTHER Installed and Flushed by Others		EXPLAIN	
IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE, HAS REPRESENTATIVE SAMPLE TESTING BEEN SATISFACTORILY COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO					IF NO, EXPLAIN			
BLANK TESTING GASKETS	NUMBER USED n/a	LOCATIONS					NUMBER REMOVED	
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							
CUTOUTS (DISCS)	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					IF NO, EXPLAIN		
	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? <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	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: March 8, 2013							
	NAME OF SPRINKLER CONTRACTOR Freedom Fire Protection, Inc.							
	TESTS WITNESSED BY							
	FOR PROPERTY OWNER (SIGNED) Greg Shimberg				TITLE General Contractor		DATE 3/8/2013	
	FOR SPRINKLER CONTRACTOR (SIGNED)				TITLE Project Manager		DATE 3/8/2013	
ADDITIONAL EXPLANATION AND NOTES								