



Rec'd 8-20-17

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR **A** ABOVEGROUND PIPING

4694

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 _____ DATE _____

PROPERTY ADDRESS Dwelling Pavilion 12-12-11

PROPERTY ADDRESS 880 Forest Ave. Portland Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES
State Fire Marshal's office

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. 1st Fl.

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<u>Tyco</u>	<u>Hard SW</u>	<u>TY-EC FRB</u>	<u>3/4"</u>	<u>2</u>	<u>155°</u>
<u>Tyco</u>	<u>Ba. Jps.</u>	<u>TY-FRB</u>	<u>1/2"</u>	<u>9/10</u>	<u>155°/200°</u>
<u>Tyco</u>	<u>Pend.</u>	<u>TY-FRB</u>	<u>1/2"</u>	<u>84</u>	<u>155°</u>
<u>Tyco</u>	<u>Dry HSW</u>	<u>DS-1</u>	<u>1/2"</u>	<u>2</u>	<u>155°</u>

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD YES NO
FITTINGS CONFORM TO NFPA 13 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 Sw.</u>	<u>Pollex</u>	<u>VSR 2</u>	<u>-</u>	<u>18</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

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

4694

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 <i>Deering Pavilion</i>	DATE <i>12-12-11</i>
PROPERTY ADDRESS <i>880 Forest Ave. Portland Me.</i>	

PLANS	ACCEPTED BY APPROVING AUTHORITY(S) NAMES <i>State fire marshal's office</i>	
	ADDRESS <i>Augusta, Me.</i>	
	INSTALLATION CONFORMS TO ACCEPTED PLANS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	EQUIPMENT USED IS APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN	
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN	

LOCATION OF SYSTEM	SUPPLIES BLDGS. <i>2nd Fl.</i>
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SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<i>TYCO</i>	<i>Br. Up.</i>	<i>TY-FRB</i>	<i>2010</i>	<i>1/2"</i>	<i>7</i>
<i>TYCO</i>	<i>Br. Pend.</i>	<i>TY-FRB</i>	<i>2010</i>	<i>1/2"</i>	<i>1</i>	<i>155°</i>
<i>TYCO</i>	<i>Wh. Pend.</i>	<i>TY-LFH</i>	<i>2010</i>	<i>1/2"</i>	<i>43</i>	<i>155°</i>
<i>TYCO</i>	<i>Wh. HSW</i>	<i>LF II</i>	<i>2010</i>	<i>1/2"</i>	<i>52</i>	<i>155°</i>

PIPE AND FITTINGS	PIPE CONFORMS TO <u><i>NFPA 13</i></u> STANDARD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	FITTINGS CONFORM TO <u><i>NFPA 13</i></u> STANDARD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN	

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
	TYPE	MAKE	MODEL	MIN.	SEC.
	<i>Water Flow Sw.</i>	<i>Pollex</i>	<i>VSR 2</i>	<i>-</i>	<i>13</i>

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
<i>Without Q.O.D.</i>								
<i>With Q.O.D.</i>								
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	<p>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.</p> <p>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.</p> <p>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.</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							
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>110</u> PSI			RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI			
	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>Existing Underground.</u>			
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO							
BLANK TESTING GASKETS	NUMBER USED	LOCATIONS					NUMBER REMOVED	
	0							
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF NO, EXPLAIN				
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>12-12-11</u>							
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastern Fire Protection Co.</u>							
	TESTS WITNESSED BY							
	FOR PROPERTY OWNER (SIGNED)			TITLE			DATE	
	FOR SPRINKLER CONTRACTOR (SIGNED)			TITLE			DATE	
	<u>Charles [Signature]</u>						<u>12-12-11</u>	

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL TEST CERTIFICATE FOR **HYDRANT HOLDING**

4094

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

Dining Pavilion

DATE

12-12-11

PROPERTY ADDRESS

880 Forest Ave. Portland Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES

State Fire Marshal's office

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.

3RD FL.

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Tyco Br. Up.	TY-FRB	2010	1/2"	1	155°
Tyco Br. Pond.	TY-FRB	2010	1/2"	1	155°
Tyco Wh. Pond	TY-LFT	2010	1/2"	43	155°
Tyco Wh. NSW	LFT	2010	1/2"	52	155°

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.
Water Flow Sw.	Poll.	VSR 2	-	18

DRY PIPE OPERATING TEST

DRY VALVE			Q.O.D.			TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	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: RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE
	STATIC PRESSURE: <u>105</u> PSI	<u> </u> PSI
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 UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO		<u>E. Isberg Underg. main O.</u>

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	0		

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN
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REMARKS
 DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:
12-12-11 / /

SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Easton Fire Protection Co.</u>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
	<u>[Signature]</u>		<u>12-12-11</u>

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR DRY PIPE OPERATING

4699

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 Dining Pavilion DATE 12-12-11
 PROPERTY ADDRESS 880 Forest Ave. Portland Me.

PLANS
 ACCEPTED BY APPROVING AUTHORITY(S) NAMES State Fire Marshal's office
 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

INSTRUCTIONS
 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. 4th Fl.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<u>Tyco</u>	<u>Br. Up.</u>	<u>TY-FRB</u>	<u>2010</u>	<u>1/2"</u>	<u>7</u>	<u>155°</u>
<u>Tyco</u>	<u>Br. Round</u>	<u>TY-FRB</u>	<u>2010</u>	<u>1/2"</u>	<u>1</u>	<u>155°</u>
<u>Tyco</u>	<u>Wh. Round</u>	<u>TY-LFH</u>	<u>2010</u>	<u>1/2"</u>	<u>43</u>	<u>155°</u>
<u>Tyco</u>	<u>Wh. NSW</u>	<u>LFIL</u>	<u>2010</u>	<u>1/2"</u>	<u>52</u>	<u>155°</u>

PIPE AND FITTINGS
 PIPE CONFORMS TO NFPA 13 STANDARD YES NO
 FITTINGS CONFORM TO NFPA 13 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 Sw.</u>	<u>Poll.</u>	<u>VSR 2</u>	<u>00</u>	<u>16</u>

DRY PIPE OPERATING TEST	DRY VALVE			Q.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 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
	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, 800 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>100</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: RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE
	STATIC PRESSURE: <u>105</u> PSI	<u> </u> PSI
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 UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO		<u>Existing Underlying main P.</u>

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	<u>0</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN
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REMARKS
 DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:
12-12-11

SIGNATURES	NAME OF SPRINKLER CONTRACTOR		
	<u>Eastman Fire Protection Co.</u>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE	
<u> </u>		<u>12-12-11</u>	

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL TEST CERTIFICATE FOR ALARMING, OPERATING

1099

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

Dining Pavilion

DATE

12-12-11

PROPERTY ADDRESS

880 Forest Ave. Portland Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY(IES) NAMES

State Fire Marsh. Office

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.

5th Fl.

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Tyco Br. Sp.	TY-FRB	2010	1/2"	7	155°
Tyco Br. Hand.	TY-FRB	2010	1/2"	1	155°
Tyco Wh. Hand.	TY-LFH	2010	1/2"	43	155°
Tyco Wh. HSW	LFH	2010	1/2"	52	155°

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.	
Water Flow Sw.	Poll.	VSR 2	-	14

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
	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 WITH SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE
		YES	NO	YES	NO
				MAXIMUM TIME TO OPERATE RELEASE	
				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: RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE
	STATIC PRESSURE: <u>100</u> PSI	<u> </u> PSI
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 UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>E. Isheng W. ...</i>

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	<u>0</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN
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REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>12-12-11</u>
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SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastman Fire Protection Co.</u>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED) <i>Charles L. ...</i>	TITLE	DATE <u>12-12-11</u>

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR **DOMESTIC BUILDING**

1697

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: Drinking Pavilion DATE: 12-12-11

PROPERTY ADDRESS: 880 Forest Ave. Portland Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: State Fire Marshal's office

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. 6th Fl.

SPINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<u>Tyco</u>	<u>Br. Wp.</u>	<u>TY-FRB</u>	<u>2010</u>	<u>1/2"</u>	<u>7</u>	<u>155°</u>
<u>Tyco</u>	<u>Br. Wp.</u>	<u>TY-FRB</u>	<u>2010</u>	<u>1/2"</u>	<u>1</u>	<u>155°</u>
<u>Tyco</u>	<u>Wh. Pond</u>	<u>TY-LFR</u>	<u>2010</u>	<u>1/2"</u>	<u>43</u>	<u>155°</u>
<u>Tyco</u>	<u>Wh. Pond</u>	<u>LFIL</u>	<u>2010</u>	<u>1/2"</u>	<u>52</u>	<u>155°</u>

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD YES NO

FITTINGS CONFORM TO NFPA 13 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 Sw.</u>	<u>Roller</u>	<u>VSR 2</u>	<u>-</u>	<u>11</u>

DRY PIPE OPERATING TEST

	DRY VALVE			O.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.		
Without O.O.D.									
With O.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	MIN. SEC.

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 60 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>210</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>98</u> PSI
	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI	
	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	
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO	
	OTHER EXPLAIN <i>See listing, University, room O.</i>	

BLANK TESTING GASKETS	NUMBER USED <u>0</u>	LOCATIONS	NUMBER REMOVED
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN
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REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: 12-12-11

SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastman Fire Protection Co.</u>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED) <i>Charles C. ...</i>	TITLE	DATE <u>12-12-11</u>

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL TEST CERTIFICATE FOR **NON-GLASS BULB**

4699

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: Dining Pavilion DATE: 12-12-11

PROPERTY ADDRESS: 880 Forest Ave. Portland Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: State Fire Marshal's office

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. 7th Fl.

SPINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<u>TYCO</u>	<u>Br. Op.</u>	<u>TY-FRS</u>	<u>2010</u>	<u>1/2"</u>	<u>7</u>	<u>155°</u>
<u>TYCO</u>	<u>Br. Round</u>	<u>TY-FRS</u>	<u>2010</u>	<u>1/2"</u>	<u>1</u>	<u>155°</u>
<u>TYCO</u>	<u>Wh. Round</u>	<u>TY-LFR</u>	<u>2010</u>	<u>1/2"</u>	<u>43</u>	<u>155°</u>
<u>TYCO</u>	<u>Wh. Round</u>	<u>LFR</u>	<u>2010</u>	<u>1/2"</u>	<u>52</u>	<u>155°</u>

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD YES NO

FITTINGS CONFORM TO NFPA 13 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 Sw.</u>	<u>Poll.</u>	<u>VSR 2</u>	<u>00</u>	<u>14</u>

DRY PIPE OPERATING TEST	DRY VALVE			O.O.D.			ALARM OPERATED PROPERLY	
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	YES	NO
	<u>Without O.O.D.</u>							
<u>With O.O.D.</u>								

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>100</u> PSI
	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI	
	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 <i>E. Isheng, Underberg, Inc.</i>
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO	

BLANK TESTING GASKETS	NUMBER USED <u>0</u>	LOCATIONS	NUMBER REMOVED
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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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN
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REMARKS
 DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: 12-12-11

SIGNATURES	NAME OF SPRINKLER CONTRACTOR <i>East. Fire Protection Co.</i>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED) <i>Charles L. ...</i>	TITLE	DATE <u>12-12-11</u>

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL TEST CERTIFICATE FOR ALARM GLASS BELLWORKING

4097

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 Dining Pavilion DATE 12-12-11

PROPERTY ADDRESS 880 Forest Ave. Portland Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES
Stet. Fire marsh.'s office

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.
8th Fl.

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<u>Tyco Br. Op.</u>	<u>TY-FRB</u>	<u>2010</u>	<u>1/2"</u>	<u>7</u>	<u>155°</u>
<u>Tyco Br. Rand.</u>	<u>TY-FRB</u>	<u>2010</u>	<u>1/2"</u>	<u>1</u>	<u>155°</u>
<u>Tyco Wb. Rand.</u>	<u>TY-LFTL</u>	<u>2010</u>	<u>1/2"</u>	<u>43</u>	<u>155°</u>
<u>Tyco Wb. HSw</u>	<u>LFTL</u>	<u>2010</u>	<u>1/2"</u>	<u>52</u>	<u>155°</u>

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD YES NO
FITTINGS CONFORM TO NFPA 13 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 Sw.</u>	<u>Poll.</u>	<u>VSR 2</u>	<u>"</u>	<u>13</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

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
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOVE 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
		YES	NO	YES	NO
				MAXIMUM TIME TO OPERATE RELEASE	
				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>90</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>90</u> PSI	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE <u> </u> PSI
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 UNDERGROUND SPRINKLER PIPING		<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Existing Underg. main O.</i>

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	<u>0</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN
	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:		

REMARKS
12-12-11

SIGNATURES	NAME OF SPRINKLER CONTRACTOR		
	<u>East. Fire Protection Co.</u>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE	
<i>[Signature]</i>		<u>12-12-11</u>	

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL TEST CERTIFICATE FOR FIRE FIGHTING

1097

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 Dining Pavilion DATE 12-12-11

PROPERTY ADDRESS 880 Forest Ave. Portland Me.

PLANS
 ACCEPTED BY APPROVING AUTHORITY(S) NAMES State Fire Marshal's office
 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. 9th Flr.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	Tyco Br. Up.	TY-FRB	2011	1/2"	7	155°
	Tyco Br. Cond.	TY-FRB	2010	1/2"	1	155°
	Tyco Wh. Cond.	TY-LFR	2010	1/2"	43	155°
	Tyco Wh. NSW	LF II	2011	1/2"	52	155°

PIPE AND FITTINGS
 PIPE CONFORMS TO NFPA 13 STANDARD YES NO
 FITTINGS CONFORM TO NFPA 13 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>Waite Flow Sw.</u>	<u>Poll</u>	<u>VSR 2</u>		<u>13</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.		YES
Without O.O.D.								
With O.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	
			YES	NO	YES	NO
					MAXIMUM TIME TO OPERATE VALVE RELEASE	
					MIN.	SEC.
TEST DESCRIPTION	<p>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.</p> <p>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.</p> <p>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.</p>					
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>70</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>90</u> PSI		RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI		
BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED			
	0					
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF NO, EXPLAIN			
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>12-12-11</u>					
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastman Fire Protection Co.</u>					
	TESTS WITNESSED BY					
	FOR PROPERTY OWNER (SIGNED)		TITLE		DATE	
FOR SPRINKLER CONTRACTOR (SIGNED)		TITLE		DATE		
				<u>12-12-11</u>		

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL TEST CERTIFICATE FOR **DRY PIPE EQUIPMENT**

4697

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: Dining Pavilion DATE: 12-12-11

PROPERTY ADDRESS: 880 Forest Ave. Portland Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: Stet fire marshal's office

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. 10th Fl.

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<u>Tyco Br. Up.</u>	<u>TY-FRB</u>	<u>2010</u>	<u>1/2"</u>	<u>7</u>	<u>155°</u>
<u>Tyco Br. Round</u>	<u>TY-FRB</u>	<u>2010</u>	<u>1/2"</u>	<u>1</u>	<u>155°</u>
<u>Tyco Wh. Round</u>	<u>TY-LFT</u>	<u>2010</u>	<u>1/2"</u>	<u>43</u>	<u>155°</u>
<u>Tyco Wh. HSW</u>	<u>LFT</u>	<u>2010</u>	<u>1/2"</u>	<u>52</u>	<u>155°</u>

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD YES NO

FITTINGS CONFORM TO NFPA 13 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 Sw.</u>	<u>Poll.</u>	<u>VSR 2</u>	<u>-</u>	<u>23</u>

DRY PIPE OPERATING TEST

	DRY VALVE			O.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.			
Without O.O.D.								
With O.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>100</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: RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE
	STATIC PRESSURE: <u>8.5</u> PSI	<u> </u> PSI
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 UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO		<u>E. Ishiyama Waukegan, Ill.</u>

BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED
	<u>0</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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF NO, EXPLAIN
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REMARKS
12-12-11

SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastman Fire Protection Co.</u>		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
	<u>[Signature]</u>		<u>12-12-11</u>

ADDITIONAL EXPLANATION AND NOTES

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING



4694

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: Deering Pavilion DATE: 12-12-11

PROPERTY ADDRESS: 880 Forest Ave. Portland Me.

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES: State fire marshal's office

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. 11th Fl.

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
	<u>Tyco</u>	<u>Br. Up.</u>	<u>TY FCB</u>	<u>1/2"</u>	<u>7</u>	<u>155°</u>
	<u>Tyco</u>	<u>Br. Round</u>	<u>TY FCB</u>	<u>1/2"</u>	<u>1</u>	<u>155°</u>
	<u>Tyco</u>	<u>Wh. Round</u>	<u>LF II</u>	<u>1/2"</u>	<u>43</u>	<u>155°</u>
	<u>Tyco</u>	<u>Wh. HSiw</u>	<u>LF II</u>	<u>1/2"</u>	<u>52</u>	<u>155°</u>

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 13 STANDARD YES NO

FITTINGS CONFORM TO NFPA 13 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 Sw.</u>	<u>Potter</u>	<u>VSR 2</u>	<u>"</u>	<u>22</u>

DRY PIPE OPERATING TEST	DRY VALVE			Q.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 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	<p>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.</p> <p>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.</p> <p>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.</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								
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE: <u>74</u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE _____ PSI			
BLANK TESTING GASKETS	NUMBER USED <u>0</u>		LOCATIONS					NUMBER REMOVED	
	WELDED PIPING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES...								
WELDING	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	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>12-12-11</u>								
SIGNATURES	NAME OF SPRINKLER CONTRACTOR <u>Eastern Fire Protection Co.</u>								
	TESTS WITNESSED BY								
	FOR PROPERTY OWNER (SIGNED)			TITLE			DATE		
FOR SPRINKLER CONTRACTOR (SIGNED) <u>Charles G. Smith</u>			TITLE			DATE <u>12-13-11</u>			

ADDITIONAL EXPLANATION AND NOTES