

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 Bean - Kerekes Residence	DATE June 9, 2015
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PROPERTY ADDRESS
114 Mackworth Street Portland, Maine

PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES) State of Maine Fire Marshal's Office					
	ADDRESS Augusta, Maine					
	INSTALLATION CONFORMS TO ACCEPTED PLANS				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
EQUIPMENT USED IS APPROVED, IF NO EXPLAIN DEVIATIONS				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES: 1. SYSTEM COMPONENTS INSTRUCTIONS 2. CARE AND MAINTENANCE INSTRUCTIONS 3. NFPA 25				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

LOCATION OF SYSTEM
SUPPLIES BUILDINGS
Basement, 1st Floor, 2nd Floor, and 3rd Floor

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
		Tyco	Pendant	2014	1/2"	30
	Tyco	HSW	2014	1/2"	15	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	VSR		29

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 <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 AND/OR REMOTE 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	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>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>PNEUMATIC: 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. DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO					IF NO, STATE REASON 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>85</u> PSI				RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE <u>40</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 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: <u>June 6, 2015</u>								
	NAME OF SPRINKLER CONTRACTOR <u>Freedom Fire Protection, Inc.</u>								
	TESTS WITNESSED BY								
	FOR PROPERTY OWNER (SIGNED) <u>Asa Gorman</u>			TITLE <u>General Contractor</u>			DATE <u>6/9/15</u>		
	FOR SPRINKLER CONTRACTOR (SIGNED)			TITLE <u>Project Manager</u>			DATE <u>6/9/15</u>		
ADDITIONAL EXPLANATION AND NOTES									