

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.

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|---|----------------------------------|
| PROPERTY NAME Operations Center | DATE December, 21 2015 |
|---|----------------------------------|

PROPERTY ADDRESS
212 Canco Road, Portland Maine

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|--------------|---|
| 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: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1. SYSTEM COMPONENTS INSTRUCTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2. CARE AND MAINTENANCE INSTRUCTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 3. NFPA 25 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

| | |
|---------------------------|---|
| LOCATION OF SYSTEM | SUPPLIES BUILDINGS Ground Floor |
|---------------------------|---|

| SPRINKLERS | MAKE | MODEL | YEAR OF MANUFACTURE | ORIFICE SIZE | QUANTITY | TEMPERATURE RATING |
|------------|-------------|----------------|---------------------|--------------|-------------|--------------------|
| | | Tyco | Pendant | 2015 | 1/2" | 21 |
| | Tyco | Upright | 2015 | 1/2" | 24 | 155 |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|--|---|
| | TYPE OF PIPE Black Steel SCH. 40 & 10 |
| | TYPE OF FITTINGS Black Steel |

| | | | | | |
|--------------------------------------|-----------------|------|-------|---|------|
| ALARM VALVE OR FLOW INDICATOR | ALARM DEVICE | | | MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION | |
| | TYPE | MAKE | MODEL | MIN. | SEC. |
| | Existing | | | | |

| | | | | | | | | | |
|--------------------------------|---------------------------------------|--|----------------|--------------|-------------------------|---------------------------------|-------|--------------------------|--------------------------|
| 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"/> |

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 |

*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 checked="" type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | IF NO, STATE REASON Existing | | | |
| | 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: _____ PSI | | | RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ 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 1 | LOCATIONS At 2 1/2" Tie In | | | | | NUMBER REMOVED 1 | | |
| 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 YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL (DISCS) ARE RETRIEVED? | | | | | CUTOUTS | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | | | | | | | | |
| 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: November, 11 2015 | | | | | | | | |
| | NAME OF SPRINKLER CONTRACTOR Freedom Fire Protection, Inc. | | | | | | | | |
| | TESTS WITNESSED BY | | | | | | | | |
| | FOR PROPERTY OWNER (SIGNED) | | | TITLE | | | DATE | | |
| | Aaron Shields | | | Project Manager | | | 12-21-15 | | |
| FOR SPRINKLER CONTRACTOR (SIGNED) | | | TITLE | | | DATE | | | |
| | | | Inspector | | | 12-21-15 | | | |
| ADDITIONAL EXPLANATION AND NOTES | | | | | | | | | |
| Tied into existing dry system. | | | | | | | | | |