



189 A009

# Uponor

FIRE SAFETY SYSTEMS  
**AQUASAFE™ FLOW TEST  
VERIFICATION**

**FORM**

## AquaSAFE™ Flow Test Verification Form

Alliance  
Member ID: \_\_\_\_\_  
Company Name: Suechnis P & H  
Contact: Dominic DiBiase  
Phone: 207-797-5408  
Fax: 207-797-5408  
Job Name: Joe Helou  
Project Number: 110812-40L  
Job Address: 120 Fenway St.  
City: Portland, Me 04108  
State, ZIP: 04108

**Important: Installing contractor must submit this completed form. Failure to do so nullifies the system warranty. E-mail or fax completed form to the Uponor Fire Safety Design Department at [technical.services@uponor.com](mailto:technical.services@uponor.com) or 952.997.1731. For questions, contact Uponor Technical Services at 888.594.7726 or [technical.services@uponor.com](mailto:technical.services@uponor.com).**

Color of test orifice used: Black

Static pressure (not flowing) reading at incoming water supply into home or at main shutoff: \_\_\_\_\_

Residual pressure (flowing) reading at incoming water supply into home or at main shutoff: \_\_\_\_\_

For designs not provided by Uponor, complete the following information.

Designer's Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

What time of day was the flow test taken? AM

Flow test method used?  Bucket  Flow Meter

Flow test gpm: 20 GPM

How many gallons of water did the design predict as required? 30 GPM 17

Did the test meet or exceed design flow?  Yes  No

Which sprinkler did you flow? Number: \_\_\_\_\_

Is the warning sign permanently attached close to the main shutoff valve?  Yes  No

Location of head: H2

Was this system required by code?  Yes  No

Date left in service with all valves open: 10/24/11

### Test Witnessed and Verified by:

Name	Signature	Occupation	Date
<u>Robert Thayer</u>	<u>[Signature]</u>	<u>Owner</u>	<u>10/24/11</u>
_____	_____	_____	_____
_____	_____	_____	_____

### Additional Explanations and Notes

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