

# Contractor's Material and Test Certificate for Aboveground 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 contractors. 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 **CLARK INSURANCE** DATE **1/18/18**

PROPERTY ADDRESS **1945 CONGRESS STREET PORTLAND, ME**

PLANS ACCEPTED BY **State of Maine Fire Marshal's Office**  
 ADDRESS **45 Commerce Drive Suite 1 Augusta, ME 04330**  
 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?  Yes  No  
 If no, explain?  
 Has copies of the following been left on the premises?  
 1. System components instructions  Yes  No  
 2. Care and maintenance instructions  Yes  No  
 3. NFPA 25 (Owners Manual)  Yes  No

LOCATION OF SYSTEM Supplies buildings **ENTIRE BUILDING NFPA 13 WET**

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE/K-FACTOR	QUANTITY	TEMPERATURE RATING
	GLOBE	GL5601 PENDENT	2017	K 5.6	39	155°
	GLOBE	GL5615 UPRIGHT	2017	K 5.6	3	200°
	GLOBE	GL5626 HSW	2017	K 5.6	2	200°
	GLOBE	GL8109 EXT PEND 3/4	2017	K 8.0	132	155°
	GLOBE	GL5608 CONSP. UPR	2017	K 5.6	153	200°
	VIKING	VK686 ATTIC HEAD	2017	K 5.6	8	200°

PIPING & FITTINGS Type of pipe BLACK IRON / CPVC  
 Type of fittings BLACK IRON / CPVC

ALARM VALVE OR FLOW INDICT.	Alarm Device			Maximum time to operate through test connection.	
	Type	Make	Model	Minutes	Seconds
	<b>WAVE</b>	<b>SYSTEM SENSOR</b>	<b>WEDJON</b>		<b>23</b>

DRY PIPE OPERATION TEST	Dry valve			Q.O.D.			
	Make	Model	Serial no.	Make	Model	Serial no.	
	Time to trip through test connection <sup>1</sup>	Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet <sup>1</sup>	Alarm operated properly	
	Minutes	Seconds	Psi	Psi	Minutes	Seconds	Yes
Without Q.O.D.							
With Q.O.D.							

If no, explain

DELUGE & PREACTION VALVES Operation  Pneumatic  Electric  Hydraulic  
 Piping supervised  Yes  No Detecting Media supervised  Yes  No  
 Does valve operate from the manual trip, remote, or both control 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 of operate release	
		Yes	No	Yes	No	Minutes	Seconds

PRESSURE REDUCING VALVES	Location and floor	Make & Model	Setting	Static Pressure		Residual Pressure (flowing)		Flow rate
				Inlet (psi)	outlet (psi)	Inlet (psi)	outlet (psi)	Flow (gpm)

<sup>1</sup> Measured from time inspector's test connection is opened.

BACKFLOW FORWARD FLOW TEST	Indicate means used for forward flow test of backflow device _____		
	When means to test device was opened, was system flow demand created? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TEST DESCRIPTION	<p>Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p>Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 1/2 psi (0.1 bar) 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 bar) in 24 hours.</p>		
TEST	All piping hydrostatically tested at <u>200</u> psi ( <u>13.8</u> bar) for <u>2</u> hours		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		
	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 of stopping leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Drain test	Reading of gauge located near water supply test connection: <u>77</u> psi ( <u>    </u> bar).	Residual pressure with valve in test connection open wide: <u>75</u> psi ( <u>    </u> bar).
	Underground mains and lead in connections to system riser flushed before connection made to sprinkler piping?		
	Verified by copy of the U Form No. 85B flushed by installer of underground sprinkler piping? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other Explain	
	If power-driven fasteners are used in concrete, has representative sample testing be satisfactorily completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain	
BLANK TESTING GASKETS	Number used	Locations	Number removed
WELDING	Welding piping <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes...		
	Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1?		<input checked="" 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 B2.1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Do you certify that the welding was carried out in compliance with a documented quality control procedure to ensure 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CUTOUTS (DISCS)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HYDRAULIC DATA NAMEPLATE	Nameplate provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain	
CAPS & STRAPS	SPRINKLER CONTRACTOR REMOVED ALL THE CAPS AND STRAPS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
REMARKS	Date left in service with all control valves open <u>1/18/18</u>		
SIGNATURES	Name of sprinkler contractor <u>High Tech Fire Protection</u>		
	Test witnessed by		
	For property owner (signed) <u>D. R. Blum</u>	Title <u>SUPERVISOR</u>	Date <u>1/18/18</u>
For sprinkler contractor (signed) <u>[Signature]</u>	Title <u>INSPECTOR</u>	Date <u>1/18/18</u>	
Additional Explanations and notes			
SPRINKLERS			

# SYSTEM RECORD OF COMPLETION

Form Completion Date: 1-17-18 Supplemental Pages Attached: \_\_\_\_\_

## 1. PROPERTY INFORMATION

Name of property: Clark Insurance  
Address: 1945 Congress Street Portland Maine  
Description of property: Office building  
Name of property representative: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: SeeBee Electric  
Address: 84 Pleasant Hill Road Scarborough Maine  
Phone: 207-883-5448 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Service organization: Norris Inc  
Address: 2257 West Broadway South Portland Maine  
Phone: 207-883-3473 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Testing organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Effective date for test and inspection contract: \_\_\_\_\_  
Monitoring organization: Cunningham Security  
Address: 10 Prince Point Road Yarmouth Maine  
Phone: 207-846-3350 Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account number: 4087 Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_  
Means of transmission: Radio  
Entity to which alarms are retransmitted: Portland FD Phone: 207-874-3350

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Document Box

## 4. DESCRIPTION OF SYSTEM OR SERVICE

This is a:  New system  Modification to existing system Permit number: \_\_\_\_\_  
NFPA 72 edition: \_\_\_\_\_

### 4.1 Control Unit

Manufacturer: Notifier Model number: NFW2100

### 4.2 Software and Firmware

Firmware revision number: 7.1

### 4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: \_\_\_\_\_ Alarm verification set for \_\_\_\_\_ seconds

**SYSTEM RECORD OF COMPLETION (continued)**

**5. SYSTEM POWER**

**5.1 Control Unit**

**5.1.1 Primary Power**

Input voltage of control panel: 120VAC Control panel amps: \_\_\_\_\_  
 Overcurrent protection: Type: Circuit Breaker Amps: 20  
 Branch circuit disconnecting means location: Circuit Breaker Number: P1-29

**5.1.2 Secondary Power**

Type of secondary power: n/a  
 Location, if remote from the plant: \_\_\_\_\_  
 Calculated capacity of secondary power to drive the system:  
 In standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

**5.2 Control Unit**

- This system does not have power extender panels
- Power extender panels are listed on supplementary sheet A

**6. CIRCUITS AND PATHWAYS**

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line			B	4
Device Power				
Initiating Device				
Notification Appliance			B	4
Other (specify):				

**7. REMOTE ANNUNCIATORS**

Type	Location
Nann-80	Main Entry

**8. INITIATING DEVICES**

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	4	Addressable	Alarm	
Smoke Detectors	5	Addressable	Alarm	Photo
Duct Smoke Detectors	6	Addressable	Alarm	Photo
Heat Detectors				
Gas Detectors	2	Addressable	Supervisory	CO
Waterflow Switches	1	Addressable	Alarm	
Tamper Switches	2	Addressable	Supervisory	

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible		
Visible	20	
Combination Audible and Visible	13	

**10. SYSTEM CONTROL FUNCTIONS**

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	6
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	
Elevator Shunt Trip	

**11. INTERCONNECTED SYSTEMS**

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet \_\_\_\_\_.

**12. CERTIFICATION AND APPROVALS**

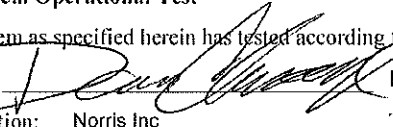
**12.1 System Installation Contractor**

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: SeaBee Electric Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**12.2 System Operational Test**

This system as specified herein has been tested according to all NFPA standards cited herein.

Signed:  Printed name: Dana Champagne Date: 1-17-18  
 Organization: Norris Inc Title: Installer/Technician Phone: 207-883-3473

**12.3 Acceptance Test**

Date and time of acceptance test: 1-17-18 10:00 AM  
 Installing contractor representative: \_\_\_\_\_  
 Testing contractor representative: Dana Champagne  
 Property representative: \_\_\_\_\_  
 AHJ representative: \_\_\_\_\_

