

Required with sprinkler application if applicable

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 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: _____

Property Address: _____

Date: _____

Plans	Accepted by Approving Authorities (Names): _____ Address: _____						
	Installation conforms to accepted plans: <input type="checkbox"/> Yes <input type="checkbox"/> No			Equipment use is approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, explain deviations: _____						
	Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance?: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____						
Instructions	Have copies of the following been left on the premises?: 1. System components instructions <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Care and maintenance instructions <input type="checkbox"/> Yes <input type="checkbox"/> No 3. NFPA 25 <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Location of System Supplies Buildings: _____						
	Sprinklers	Make	Model	Year of Manufacture	Office Size	Quantity	Temperature Rating
Pipe and Fittings	Type of Pipe: _____ Type of Fittings: _____				Maximum Time to Operate Through Test Connection		
	Type	Make	Model	Min	Sec		
Alarm Valve or Flow Indicator	Dray Valve				Q.O.D.		
	Make	Model	Serial #	Make	Model	Serial #	
Dry Pipe Operating Test	Time to Trip Through Test Connection	Water Pressure	Air Pressure	Trip Point Air Press.	Time Water Reach Test Outlet	Alarm Operated Properly?	
	Min	Sec	PSI	PSI	PSI	Min	Sec
	Without Q.O.D.						
	With Q.O.D.						
Deluge and Preactivation 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, remote, or both 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	Each Circuit Operate Supv. Loss Alarm?		Each Circuit Operate Valve Release?		Maximum Time to Operate Release
Yes			No	Yes	No	Min	Sec

Pressure Reducing Valve Test	Location & Floor	Make & Model	Setting	Static Pressure		Residual Pressure (Flowing)		Flow Rate		
				Left (psi)	Outlet (psi)	Inlet (psi)	Outlet (psi)			
Test Description	Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground leakage shall be stopped. 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 _____ psi _____ bars for _____ 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 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 (____ bars) Residual pressure with valve test in connection open wide: _____ psi (____ bars)		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								
		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 Locations Number Removed							
			Welded Piping? <input 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 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							
		Welding	Do you certify that 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 is removed, and that the internal diameters of piping are not penetrated? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No									
	Hydraulic Data Nameplate Nameplate provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:									
Remarks	Date left in service with all control valves open:									
	Test Witnessed By	Name of Sprinkler Contractor:								
For Property Owner (signed)				TITLE		DATE				
For Sprinkler Contractor (signed)				TITLE		DATE				
Additional Explanation and Notes:										