

# 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:** \_\_\_\_\_

<b>Plans</b>	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: _____		

<b>Instructions</b>	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: _____	
	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

<b>Location of System</b>	Supplies Buildings: _____
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	Make	Model	Year of Manufacture	Office Size	Quantity	Temperature Rating
<b>Sprinklers</b>						

<b>Pipe and Fittings</b>	Type of Pipe: _____
	Type of Fittings: _____

<b>Alarm Valve or Flow Indicator</b>	Alarm Device			Maximum Time to Operate Through Test Connection	
	Type	Make	Model	Min	Sec

<b>Dry Pipe Operating Test</b>	Dray Valve			Q.O.D.			
	Make	Model	Serial #	Make	Model	Serial #	
		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	Yes    No
	Without Q.O.D.						
With Q.O.D.							

<b>Deluge and Preaction Valves</b>	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)	Flow (gpm)
<b>Test Description</b>	<p><b>Hydrostatic:</b> 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.</p> <p><b>Pneumatic:</b> Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1 ½ 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 ½ psi (0.1 bars) in 24 hours.</p>							
<b>Tests</b>	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							
	<b>Drain Test</b>	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:		
<b>Blank Testing Gaskets</b>	Number Used		Locations				Number Removed	
<b>Welding</b>	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							
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								
<b>Cutouts (Discs)</b>	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							
<b>Hydraulic Data Nameplate</b>	Nameplate provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, explain:				
<b>Remarks</b>	Date left in service with all control valves open:							
<b>Test Witnessed By</b>	Name of Sprinkler Contractor:							
	For Property Owner (signed)				TITLE		DATE	
	For Sprinkler Contractor (signed)				TITLE		DATE	
<b>Additional Explanation and Notes:</b>								