



# 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					DATE					
PROPERTY ADDRESS										
PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES)									
	ADDRESS									
	INSTALLATION CONFORMS TO ACCEPT PLANS					<input type="checkbox"/> YES		<input type="checkbox"/> NO		
EQUIPMENT USED IS APPROVED. IF NO, EXPLAIN DEVIATIONS					<input 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 type="checkbox"/> YES		<input type="checkbox"/> NO		
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES?					<input type="checkbox"/> YES		<input type="checkbox"/> NO		
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										
SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING				
PIPE AND FITTINGS	Type of Pipe _____									
Type of Fittings _____										
ALARM VALVE OR FLOW INDICATOR	ALARM DIVICE					MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION				
	TYPE	MAKE	MODEL	MINUTE	SECOND					
DRY PIPE OPERATING 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	
		MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
	Without Q.O.D.									
	With Q.O.D.									
IF NO, EXPLAIN										

<sup>1</sup> MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

DELUGE AND PREACTION 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	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM?		DOES 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
				INLET (PSI)	OUTLET (PSI)	INLET (PSI)	OUTLET (PSI)	FLOW (GPM)
TEST DESCRIPTION	<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 piping 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 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.</p>							
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT ____ PSI (____ BARS) FOR ____ HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DRY PIPING PNEUMATICALLY TESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO							
	EQUIPMENT OPERATES PROPERLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, STATE REASON							
	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 IN TEST CONNECTION OPEN WIDE: ____ PSI (____ BARS)		
BLANK TESTING GASKETS	NUMBER USED	LOCATIONS				NUMBER REMOVED		
	WELDING PIPE <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES . . .</b>							
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF THE LEAST AWS D10.9, LEVEL AR-3? <input type="checkbox"/> YES <input type="checkbox"/> NO							
WELDING	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF THE 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 OPENING IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED? <input type="checkbox"/> YES <input type="checkbox"/> NO							
CUTOUPS (DISCS)	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUPS (DISCS) ARE RETRIEVED? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HYDRAULIC DATA NAMEPLATE	NAMEPLATE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO				IF NO, EXPLAIN			
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN							
SIGNATURES	<b>TESTS WITNESSED BY</b>							
	FOR PROPERTY OWNER (SIGNED)			TITLE			DATE	
	FOR SPRINKLER CONTRACTOR (SIGNED)			TITLE			DATE	
ADDITIONAL EXPLANATION AND NOTES:								