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 the 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 authorities requirements or local ordinances.

Property Name		Date	
Property Address	City	State	Zip

PLANS

Accepted by approving authorities(names)

Address

Installation conforms to accepted plans ❑ Yes ❑ No

Equipment used is approved? ❑ Yes ❑ No

If no, explain deviations

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

Have 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 ❑ Yes ❑ No

LOCATION OF SYSTEM

Supplies buildings

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 DEVICES			Maximum time to operate through test connection	
Type	Make	Model	Minutes	Seconds

DRY PIPE OPERATING TEST

DRY VALVE			Q.O.D.		
Make	Model	Serial No.	Make	Model	Serial No.

	Time to trip through test connection[1,2]		Water Pressure	Air Pressure	Trip Point Air Pressure	Time water reached test outlet[1,2]		Alarm operated properly	
	Minutes	Seconds	psi	psi	psi	Minutes	Seconds	Yes	No
Without Q.O.D.									
With Q.O.D.									

If no, explain

DELUGE & PREACTION VALVES

Operation ❑ Pneumatic ❑ Electric ❑ Hydraulic

Piping supervised ❑ Yes ❑ No

Detection 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 to operate release?	
		Yes	No	Yes	No	Minutes	Seconds

[1] Measured from time inspector's test connection is opened. [2] NFPA 13 only requires the 60-second limitation in specific sections

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

HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential Dry-Pipe Valve clappers shall be left open during test to prevent damage. All aboveground piping 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 pipe hydraulically tested at: _____ psi (_____ bar) for _____ hrs — If no, state reason

Dry Pipe pneumatically tested ❑ Yes ❑ No

Equipment operates properly ❑ Yes ❑ 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? ❑ Yes ❑ No

DRAIN TEST

Reading of gage located near water supply test connection: _____ psi (_____ bar)

Residual pressure with valve in test connection open wide. _____ psi (_____ bar)

Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping

Verified by copy of the Contractor's Material & Test Certificate for Underground Piping. ❑ Yes ❑ No

Flushed by installer of underground sprinkler piping. ❑ Yes ❑ No

Other, explain

If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? ❑ Yes ❑ No

If no, explain

BLANK TESTING GASKETS

Number used	Locations	Number removed

WELDING

Welded piping ❑ Yes ❑ No

If yes…

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? ❑ Yes ❑ No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? ❑ Yes ❑ 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? ❑ Yes ❑ No

CUTOUTS (DISCS)

Do you certify that you have a control feature to ensure that all cutouts (disks) are retrieved? ❑ Yes ❑ No

HYDRAULIC DATA NAMEPLATE

Nameplate provided? ❑ Yes ❑ No

If no, explain

REMARKS

DATE left in service with all control valves open: _____

Signature

Name of sprinkler contractor — C of R No. **SCR-**

Contractor's Address	City	State	Zip

Tests witnessed by

For property owner (signed) — Title — Date

For sprinkler contractor (signed) — Title — Date

Additional explanation and notes

RME CERTIFICATION

I certify that the information herein is true and that this sprinkler system was installed in accordance with Chapter 6003, Texas Insurance Code and the rules and standards adopted by the State Fire Marshal's Office.

Responsible Managing Employee (signature)

Responsible Managing Employee (print or type name)

RME License Number — Date

DISTRIBUTION: Original COPY 1 Posted at site or give to owner — COPY 2 for the installing firm in file accessible to SFMO

COPY 3 for local approving authority within 10 days after completion

Contractor's Material and Test Certificate for Underground 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 the 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	City	State	Zip

PLANS	Accepted by approving authorities (names)		
	Address		
	Installation conforms to accepted plans	❑ Yes	❑ No
	Equipment used is approved	❑ Yes	❑ No
	If no, state deviations		
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	❑ Yes	❑ No
	Have copies of appropriate instructions and care and maintenance charts been left on premises? If no, explain	❑ Yes	❑ No
LOCATION	Supplies buildings		
UNDERGROUND PIPES AND JOINTS	Pipe types and class / Type joints		
	Pipe conforms to _____ Standard	❑ Yes	❑ No
	Fittings conform to _____ Standard	❑ Yes	❑ No
	If no, explain		
	Joints needed anchorage clamped, strapped or blocked in accordance with _____ standard If no, explain	❑ Yes	❑ No
TEST DESCRIPTION	**FLUSHING:** Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 390 GPM (1476 L/min) for 4-inch pipe, 880 GPM (3331 L/min) for 6-inch pipe, 1560 GPM (5905 L/min) for 8-inch pipe, 2440 GPM (9235 L/min) for 10-inch pipe, and 3520 GPM (13323 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available. **HYDROSTATIC:** Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure In excess of 150 psi (10.3 bars) for two hours. **LEAKAGE:** New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour (1.89 L/hr) per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made. The amount of allowable leakage specified above can be increased by 1 fl oz per inch valve diameter per hour (30 mL/25 mm/hr) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open so the hydrants are under pressure, an additional 5 oz per minute (150 mL/min) leakage is permitted for hydrant.		
FLUSHING TESTS	New underground piping flushed according to _____ standard by (company) If no, explain	❑ Yes	❑ No
	How flushing flow was obtained: ❑ Public water ❑ Tank or reservoir ❑ Fire pump	Through what type of opening: ❑ Hydrant butt	❑ Open pipe
	Lead-ins flushed according to _____ standard by (company) If no, explain	❑ Yes	❑ No
	How flushing flow was obtained: ❑ Public water ❑ Tank or reservoir ❑ Fire pump	Through what type of opening: ❑ Y connection to flange spigot	❑ Open pipe

HYDROSTATIC TEST	All new underground piping hydrostatically tested at _____ psi for _____ hours	Joints covered ❑ Yes ❑ No
LEAKAGE TEST	Total amount of leakage measured _____ gallons _____ hours Allowable leakage _____ gallons _____ hours	
HYDRANTS	Number installed / Type and make	All operate satisfactorily ❑ Yes ❑ No
CONTROL VALVES	Water control valves left wide open ❑ Yes ❑ No If no, state reason Hose threads of fire department connections and hydrants interchangeable with those of the fire department answering alarm ❑ Yes ❑ No	
REMARKS	Date left in service _____	

Signature	Name of installing contractor		C of R No. **SCR-**	
	Contractor's Address	City	State	Zip
	Tests witnessed by			
	For property owner (signed)	Title	Date	
	For Installing contractor (signed)	Title	Date	

Additional explanation and notes

RME CERTIFICATION	**I certify that the information herein is true and that this portion of the sprinkler system was installed in accordance with Chapter 6003, Texas Insurance Code and the rules and standards adopted by the State Fire Marshal's Office.**	
	Responsible Managing Employee (signature)	
	Responsible Managing Employee (print or type name)	
	RME License Number	Date

DISTRIBUTION: Original COPY 1 Posted at site or give to owner COPY 2 for the installing firm in file accessible to SFMO
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