# 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 accepted plans | ☐ Yes | ☐ No |
| | Equipment used is approved<br>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?<br>If no, explain | ☐ Yes | ☐ No |
| | Have copies of the following been left on the premises? | ☐ Yes | ☐ No |
| | 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 |
|---|---|---|---|---|---|---|
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|---|---|
| Pipe and fittings | Type of pipe _____<br>Type of fittings _____ |

| Alarm valve or flow indicator | Alarm device | | | 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† | | Water pressure | Air pressure | Trip point air pressure | Time water reached test outlet† | | Alarm operated properly | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Minutes | Seconds | psi | psi | psi | Minutes | Seconds | Yes | No |
| | Without Q.O.D. | | | | | | | | | |
| | With Q.O.D. | | | | | | | | | |
| | If no, explain | | | | | | | | | |

† Measured from the time inspector's test connection is opened

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|---|---|---|---|---|---|---|---|---|
| Deluge and 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 to operate release | |
| | | | Yes | No | Yes | No | Minutes | Seconds |
| | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Pressure reducing valve test | Location and floor | Make and model | Setting | Static pressure | | Residual pressure (flowing) | | Flow rate |
| | | | | Inlet (psi) | Outlet (psi) | Inlet (psi) | Outlet (psi) | Flow (gpm) |
| | | | | | | | | |

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| Test description | 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.<br><br>Pneumatic: Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ 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 1½ psi (0.1 bar) in 24 hours. |

| | | | | |
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| Tests | All piping hydrostatically tested at _____ psi (____ bar) for _____ hours<br>Dry piping pneumatically tested ☐ Yes ☐ No<br>Equipment operates properly ☐ Yes ☐ 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? ☐ Yes ☐ No | | | |
| | Drain test | Reading of gauge 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 a copy of the "Contractor's Material and Test Certificate for Underground Piping." ☐ Yes ☐ No<br><br>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 |

| | |
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| Welding | Welding piping ☐ Yes ☐ No<br><br>If yes . . .<br><br>Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? ☐ Yes ☐ No<br><br>Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? ☐ Yes ☐ No<br><br>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 (discs) are retrieved? ☐ Yes ☐ No |

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## FIGURE 6.2.2 *Continued*

| | | | |
|---|---|---|---|
| Hydraulic data nameplate | Nameplate provided ☐ Yes ☐ No | If no, explain | |
| Remarks | Date left in service with all control valves open | | |
| | | | |
| Signatures | Name of sprinkler contractor | | |
| | **Tests witnessed by** | | |
| | For property owner (signed) | Title | Date |
| | For sprinkler contractor (signed) | Title | Date |
| Additional explanations and notes | | | |

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