



## Contractor's Material and Test Certificate for **A**boveground 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

<b>PLANS</b>	Accepted by approving authorities(names)		
	Address		
	Installation conforms to accepted plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Equipment used 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 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?				
	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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SPRINKLERS	Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating

<b>PIPE AND FITTINGS</b>	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 <sup>1,2</sup>	Water Pressure	Air Pressure	Trip Point Air Pressure	Time water reached test outlet <sup>1,2</sup>	Alarm operated properly		
		Minutes    Seconds	psi	psi	psi	Minutes    Seconds	Yes    No		
	Without Q.O.D.								
	With Q.O.D.								
	If no, explain								

<b>DELUGE &amp; 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	Detection media supervised	
	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	Minutes	Seconds

<sup>1</sup> Measured from time inspector's test connection is opened.

<sup>2</sup> 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)
<b>TEST DESCRIPTION</b>	<p><b>HYDROSTATIC:</b> 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.</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>							
<b>TESTS</b>	All pipe hydraulically tested at: _____ psi (_____ bar) for _____ hrs			If no, state reason				
	Dry Pipe 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 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. <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 B2.1? <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 B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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 (disks) 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>Signature</b>	Name of sprinkler contractor					C of R No. <b>SCR-</b>		
	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								

<b>RME CERTIFICATION</b>	<b>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.</b>						
	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