



Unified Fire Authority - Fire Prevention Bureau

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 leave the job.

This certificate shall be filled out and signed as indicated. 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 the approving authority's requirements or local ordinances.

Property Name and Address

Plans	Accepted by approving authorities (names) Unified Fire Authority _____					
	Address 3380 South 900 West, SLC UT.					
	Installation conforms to accepted plans				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Equipment used is approved				Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>				
	Have copies of the following been left on the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>				

1. System components instructions
2. Care and maintenance instructions
3. NFPA 25

Location of system	Supplies buildings					
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	Make	Model	Year of Manufacturer	Orifice size	Quantity	Temperature rating
Sprinklers						

Pipe and fittings	Type of pipe _____ Type of fittings _____					
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	Alarm device			Maximum time to operate Through test connection	
	Type	Make	Model	Minutes	Seconds
	Alarm Valve or flow indicator				

	Dry Valve			Q.O.D.						
	Make	Model	Serial no.	Make	Model	Serial no.				
		Time to trip through test		Water pressure	Air pressure	Trip point air pressure	Time water Reached Test outlet	Alarm operated properly		
		Min	Sec	psi	psi	psi	Min	Sec	Yes	No
	Without Q.O.D.									
With Q.O.D.										
If no, explain? 										

Deluge and preaction valves	Operation Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulics <input type="checkbox"/>							
	Piping supervised Yes <input type="checkbox"/> No <input type="checkbox"/>				Detecting media supervised Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Does valve operate from the manual trip, remote, or both Control stations? Manual <input type="checkbox"/> Remote <input type="checkbox"/> Both <input type="checkbox"/>							
	Is there an accessible facility in each circuit for testing? Yes <input type="checkbox"/> No <input type="checkbox"/>					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 and floor	Make and model	Setting	Static pressure		Residual pressure (flowing)		Flow rate
				Inlet psi	Outlet psi	Inlet psi	Outlet psi	Flow (gpm)
Test description	<p>Hydrostatic: Hydrostatic testes shall be made at not less than 200 psi for 2 hours or 50 psi above static pressure in excess of 150 psi 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>Pneumatic: Establish 40 psi air pressure and measure drop, which shall not exceed 1 ½ psi 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 in 24 hours.</p>							
Tests	All piping hydrostatically tested at _____ psi for _____ hours.					If no, state reason?		
	Dry piping pneumatically tested		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Equipment operates properly		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Were additives, corrosive chemicals, sodium silicate or derivatives of sodium silicate, brine, or other corrosive chemicals or other stop leak devices were used for testing systems or stopping leaks? Yes <input type="checkbox"/> No <input type="checkbox"/>							
	Drain Test	Reading of gauge located near water supply test connection: _____ psi			Residual pressure with valve test connection open wide: _____ psi			
	Underground mains and lead in connections to system risers were flushed before connection was made to sprinkler piping? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Welding	Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1?							Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1?							Yes <input type="checkbox"/> No <input type="checkbox"/>
	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 <input type="checkbox"/> No <input type="checkbox"/>
Cutouts (discs)	Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved?							Yes <input type="checkbox"/> No <input type="checkbox"/>

Hydraulic Data Nameplate	Nameplate provided Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, explain?
Remarks	Date system left in service with all control valves open?	
Signatures	Name of sprinkler contractor?	
	Tests witnessed by	
	For property owner (signed) _____	
	Title _____	Date _____
Signatures	For sprinkler contractor (signed) _____	
	Title _____	Date _____
<p>Antifreeze Systems Type of Antifreeze Used _____</p> <p>If the fire sprinkler system contains antifreeze do you certify that the antifreeze is strictly glycerin, C.P or USP 96.5% grade or propylene glycol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Name of person who installed antifreeze _____</p> <p>Date antifreeze installed _____</p> <p>Temperature or protection _____ below zero</p>		
For office use only		
Date Information Received:		
Received By:		
Comments:		