



## CONTRACTORS' MATERIALS AND TEST REPORT FOR ABOVEGROUND PIPING

**PROCEDURE**

Upon completion of work, inspection and test 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						
<b>PLANS</b>	ACCEPTED BY APPROVING AUTHORITIES (NAME)					
	ADDRESS					
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, EXPLAIN DEVIATION				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>INSTRUCTIONS</b>	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVE AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? 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 13 <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>LOCATION OF SYSTEM</b>	SUPPLIES BUILDINGS					
	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
<b>SPRINKLERS</b>						
<b>PIPE AND FITTINGS</b>	TYPE OF PIPE					
	TYPE OF FITTINGS					
<b>ALARM VALVE OR FLOW INDICATOR</b>	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION		
	TYPE	MAKE	MODEL	MINUTES	SECONDS	

DRY PIPE OPERATING TEST	DRY VALVE				QUICK OPENING DEVICE									
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.			
			TIME TO TRIP THRU TEST CONNECTION		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 & 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 AND/OR REMOTE 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			YES NO			
TEST DESCRIPTION	HYDROSTATIC: Hydrostatic levels shall be made at not less than 200 psi (13.6 bars) for two hours of 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 PIPING HYDROSTATICALLY TESTED AT _____ FOR _____ HRS											IF NO, STATE REASON		
	DRY PIPING PNEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO											<input type="checkbox"/> YES <input type="checkbox"/> NO		
	EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO											<input type="checkbox"/> YES <input type="checkbox"/> NO		
	DO YOU CERTIFY AS THE SPRINKLER SYSTEM 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													
	DRAIN TEST		READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI					RESIDUE PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE: _____ PSI						
UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING. VERIFIED BY COPY OF THE U FORM NO 85B <input type="checkbox"/> YES <input type="checkbox"/> NO														
FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO														
IF NO, EXPLAIN														
BLANK TESTING GASKETS	NUMBER USED				LOCATIONS				NUMBER REMOVED					
WELDING	WELDED PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE BELOW													
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3?										<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 D10.9, LEVEL AR-3?										<input type="checkbox"/> YES <input type="checkbox"/> NO			
CUTOUTS (DISCS)	DO YOU CERTIFY THAT 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		
	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? <input type="checkbox"/> YES <input type="checkbox"/> NO													
FUNCTIONAL FLOW TEST	DOES AHJ REQUIRE A FUNCTIONAL FLOW TEST OF RESIDENTIAL SPRINKLERS? <input type="checkbox"/> YES <input type="checkbox"/> NO													
	WERE FUNCTIONAL FLOW TEST RESULTS SATISFACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO													
HYDRAULIC DATA NAMEPLATE	NAME PLATE PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO						IF NO, EXPLAIN							
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:													
SIGNATURES	NAME OF SPRINKLER CONTRACTOR						CONTRACTOR LICENSE #			DATE				
	TESTS WITNESSED BY													
	PROPERTY OWNER OR REPRESENTATIVE						TITLE			DATE				