



CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR **A** 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 ADDRESS	Date
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LOCATION OF SYSTEM

PLANS	ACCEPTED BY APPROVING AUTHORITY('S) 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		

INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF NO, EXPLAIN	
INSTRUCTIONS	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	

	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
SPRINKLERS						

PIPE AND FITTINGS	Type of Pipe:	PER NFPA 13D
	Type of Fittings:	PER NFPA 13D

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THRU TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN.	SEC.

TESTS	ALL PIPING HYDROSTATICALLY TESTED AT ____ PSI FOR 2 HRS. OR BY VISUALLY CHECKING THE PIPE FOR LEAKAGE		IF NO, STATE REASON:
	DRY PIPING 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		
	DRAIN TEST	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: ____ PSI	
UNDERGROUND MAIN AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING			OTHER EXPLAIN
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			

SIGNATURES	NAME OF SPRINKLER CONTRACTOR:		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE

ADDITIONAL EXPLANATION AND NOTES