



# SPRINKLER SYSTEM MATERIAL AND TEST CERTIFICATE FOR ABOVEGROUND PIPING

CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT

### 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.

### A.) PROPERTY INFORMATION:

Name and Description of Property: \_\_\_\_\_

Address: \_\_\_\_\_

Name of property representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### B.) PLANS:

Accepted by approving authorities (names): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Installation conforms to accepted plans?  Yes  No

Equipment used is approved?  Yes  No If no, explain deviations: \_\_\_\_\_

### C.) INSTRUCTIONS:

Has person in charge of fire equipment been instructed as to location of control valves and care and maintenance of this new equipment?  Yes  No

If no, explain: \_\_\_\_\_

Have copies of the following been left on the premises?

System components instructions?  Yes  No

Care and maintenance instructions?  Yes  No

NFPA 25?  Yes  No

**D.) SPRINKLERS:**

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUALITY	TEMPERATURE RATING

**E.) PIPE AND FITTINGS:**

Type of pipe: \_\_\_\_\_

Type of fittings: \_\_\_\_\_

**F.) ALARM VALVE OR FLOW INDICATOR:**

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
TYPE	MAKE	MODEL	MINUTES	SECONDS

**G.) 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 AIRE 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

**H.) 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? \_\_\_\_\_

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

**I.) 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)

**J.) 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.

**Pneumatic:** Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 ½ 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 1 ½ psi (0.1 bar) in 24 hours.

**K.) TESTS:**

All piping hydrostatically tested at \_\_\_\_\_ psi ( \_\_\_\_\_ bar) for \_\_\_\_\_ hours.

Dry piping pneumatically tested?  Yes  No If no, state reason: \_\_\_\_\_

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

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  Other: \_\_\_\_\_

If no, explain: \_\_\_\_\_

Flushed by installer of underground sprinkler piping?  Yes  No  Other: \_\_\_\_\_

If no, explain: \_\_\_\_\_

---

**L.) BLANK TESTING GASKETS:**

Number used: \_\_\_\_\_ Locations: \_\_\_\_\_ Number removed: \_\_\_\_\_

---

**M.) WELDING:**

Weld piping?  Yes  No

Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1?  
 Yes  No

Do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1?  
 Yes  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?  
 Yes  No

---

**N.) CUTOUTS (DISCS):**

Do you certify that you have a control feature to ensure that all cutouts (discs) are retrieved?  Yes  No

---

**O.) HYDRAULIC DATA NAMEPLATE:**

Nameplate provided?  Yes  No If no, explain: \_\_\_\_\_

---

**P.) REMARKS:**

Date left in service with all control valves open: \_\_\_\_\_

Additional comments and notes: \_\_\_\_\_

---

---

---

---

**Q.) SIGNATURES:**

Sprinkler contractor: \_\_\_\_\_

Date

Tests witnessed by: \_\_\_\_\_  
For property owner (signature) Title Date

Tests witnessed by: \_\_\_\_\_  
For sprinkler contractor (signature) Title Date