

# NEBRASKA STATE FIRE MARSHAL'S OFFICE

## 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 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

PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES)				
	ADDRESS				
	INSTALLATION CONFORMS TO ACCEPTED PLANS				<input type="checkbox"/> YES <input type="checkbox"/> NO
	EQUIPMENT USED IS APPROVED IF NO, EXPLAIN DEVIATIONS				<input type="checkbox"/> YES <input type="checkbox"/> NO

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					<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	

LOCATION OF SYSTEM	SUPPLIES BUILDINGS
--------------------	--------------------

SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING

PIPE AND FITTINGS	Type of Pipe _____ Type of Fittings _____
-------------------	--

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
	TYPE	MAKE	MODEL	MINIMUM	SECONDS

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 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									

\*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.

# NEBRASKA STATE FIRE MARSHAL'S OFFICE

<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				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	___ MIN.	___ SEC.	
<b>PRESSURE REDUCING VALVE TEST</b>	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>HYDROSTATIC: Hydrostatic tests 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.</p> <p>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.</p>								
<b>TESTS</b>	ALL PIPING HYDROSTATICALLY TESTED AT ___ PSI FOR ___ HRS.						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								
	DRAIN TEST	READING OF GAUGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: ___ PSI				RESIDUAL 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						OTHER (EXPLAIN)		
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 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
DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE 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 (DISCS) ARE RETRIEVED							<input type="checkbox"/> YES	<input type="checkbox"/> NO

## NEBRASKA STATE FIRE MARSHAL'S OFFICE

HYDRAULIC DATA NAMEPLATE	NAMEPLATE 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		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
	FOR AUTHORITY HAVING JURISDICTION (IF WITNESSED)	TITLE	DATE
ADDITIONAL EXPLANATION AND NOTES			

SEND TO: Nebraska State Fire Marshal - 246 South 14<sup>th</sup> Street, Suite 1 - Lincoln, NE 68508-1804  
 A copy of this completed form shall be forwarded to the State Fire Marshal's Office and a duplicate shall be maintained at the system riser.