



NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE



VILLAGE OF NYACK | BUILDING DEPARTMENT
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Contractor's Material and Test Certificate for Fire Sprinkler 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.

Form with sections: PROPERTY NAME, DATE, PROPERTY ADDRESS, PLANS (ACCEPTED BY APPROVING AUTHORITIES, ADDRESS, CONFORMS TO PLANS), INSTRUCTIONS (INSTRUCTED AS TO LOCATION, COPIES LEFT), 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 (ALARM DEVICE, MAXIMUM TIME TO OPERATE).

FLOW INDICATOR	TYPE	MAKE	MODEL	MINUTES	SECONDS

DRY PIPE OPERATING TEST	DRY VALVE				QUICK OPENING DEVICE					
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.				
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	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING?						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			
PRESURE 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)		
BACKFLOW DEVICE FORWARD FLOW TEST	INDICATE MEANS USED FOR FORWARD FLOW TEST OF BACKFLOW DEVICE: _____									
	WHEN MEANS TO TEST DEVICE WAS OPENED, WAS SYSTEM FLOW DEMAND CREATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A									
TEST DESCRIPTION	<p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 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>									
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT _____ 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					
	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 CONTRACTOR'S MATERIAL AND TEST CERTIFICATE FOR UNDERGROUND PIPING.							<input type="checkbox"/> YES <input type="checkbox"/> NO			OTHER, EXPLAIN
FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING							<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NO, EXPLAIN										
IF POWDER-DRIVEN FASTENERS ARE USED IN CONCRETE, HAS REPRESENTATIVE							<input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, EXPLAIN
BLANK TESTING GASKETS	NUMBER USED				NUMBER TESTING BEEN SATISFACTORILY COMPLETED?				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 USED COMPLY WITH THE MINIMUM REQUIREMENTS OF AWS B2.1 ASME SECTION IX WELDING AND BRAZING QUALIFICATIONS, OR OTHER APPLICABLE QUALIFICATIONS STANDARDS AS REQUIRED BY THE AHJ?								<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS OR WELDING OPERATORS QUALIFIED IN ACCORDANCE WITH THE MINIMUM REQUIREMENTS OF AWS B2.1 ASME SECTION IX WELDING AND BRAZING QUALIFICATIONS, OR OTHER APPLICABLE QUALIFICATIONS STANDARDS AS REQUIRED BY THE AHJ?								<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DO YOU CERTIFY THAT WELDING WAS CONDUCTED IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO ENSURE THAT (1) ALL DISCS ARE RETRIEVED; (2) THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED; (3) THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED; (4) COMPLETED WELDS ARE FREE FROM CRACKS, INCOMPLETE FUSION, SURFACE POROSITY GREATER THAN 1/16 IN. DIAMETER, UNDERCUT DEEPER THAN THE LESSER OF 25% OF THE WALL THICKNESS OR 1/32 IN.; AND (5) COMPLETED CIRCUMFERENTIAL BUTT WELD REINFORCEMENT DOES NOT EXCEED 3/32 IN.?								<input type="checkbox"/> YES <input type="checkbox"/> NO	

CUTOUTS (DISCS)	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? NO <input type="checkbox"/> YES <input type="checkbox"/>		
FUNCTIONAL FLOW TEST	ADDITIONAL EXPLANATIONS AND NOTES: 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:		
SIGNATURE	NAME OF SPRINKLER CONTRACTOR (PRINT)	CONTRACTOR LICENSE #	DATE
	TESTS WITNESSED BY		
	PROPERTY OWNER OR REPRESENTATIVE	TITLE	DATE
	FIRE INSPECTOR	SIGNATURE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE