



Contractor's Material and Test Certificate for Aboveground Piping

Use this form to provide results and certify the aboveground piping testing performed. Submit one certification for each system.

This certificate is not required for NFPA 13D systems

Check which type of inspection completed: <input style="margin-left: 100px;" type="checkbox"/> NFPA 13 <input style="margin-left: 100px;" type="checkbox"/> NFPA 13R
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Permit Information	1	Address: _____ Permit No.: _____ Date of Inspection: _____
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Building Owner / Owner's Agent	2	Name: _____ Address: _____ Email: _____ Phone: _____
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Provide the contact information for the building owner/owner's agent

Contractor and Inspector Information	3	<p>(a) Contractor Information</p> Contractor Name: _____ Contractor License #: _____ Email: _____ Phone: _____
a) The contractor must provide their contact information and license number. b) The inspector must provide their name and license number.		<p>(b) Inspector Information</p> Inspector Name: _____ Fire Suppression System Worker License #: _____

Instructions & Location System	4	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, state deviations: _____ 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: _____ Have copies of the following been left on premises?				
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. System components instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td rowspan="3" style="border-left: 1px solid black; padding-left: 10px; vertical-align: top;">Supplies Building: _____ _____ _____</td> </tr> <tr> <td>2. Care and maintenance instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>3. NFPA 25: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	1. System components instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplies Building: _____ _____ _____	2. Care and maintenance instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	3. NFPA 25: <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Care and maintenance instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. NFPA 25: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Sprinklers	5	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Make</th> <th style="width: 15%;">Model</th> <th style="width: 15%;">Year of Manufacture</th> <th style="width: 15%;">Orifice Size</th> <th style="width: 15%;">Quantity</th> <th style="width: 15%;">Temperature rating</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature rating																														
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Pipe and fittings

Alarm valve or flow indicator

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Type of pipe: _____ Type of fittings: _____

Alarm Device			Maximum time to operate through test connection	
Type	Make	Model	Minutes	Seconds

Tests:

A) Dry pipe operating test

B) Deluge and pre-action valves

C) Pressure-reducing valve test

D) Backflow device forward flow test

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A) DRY PIPE OPERATING TEST:

Dry valve					Q.O.D.				
Make	Model		Serial No.		Make	Model		Serial No.	
	Time to trip through test connection (a,b)		Water Pressure	Air Pressure	Trip point air pressure	Time water reached test outlet (a,b)		Alarm operated properly	
	Minutes	Seconds	Psi	Psi	Psi	Minutes	Seconds	Yes	No
Without Q.O.D.									
With Q.O.D.									

If no, explain: _____

B) DELUGE AND PRE-ACTION VALVES:

Operation: Pneumatic Electric Hydraulics

Piping supervised: Yes No Detecting media supervised: Yes No

Does valve operate from the manual trip, remote, or both control stations? Yes No

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

C) 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)

D) 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? Yes No N/A

Test description

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Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.8 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.3 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 1-1/2 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 1-1/2 psi (0.1 bar) in 24 hours.



Department of
Licenses and Inspections
CITY OF PHILADELPHIA

*** DO NOT MAIL THIS FORM***

Tests

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All piping hydrostatically tested at _____ psi (_____ bar) for _____ hours

Dry piping pneumatically tested: Yes No 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

Drain Test: Reading of gauge located near water supply test connections: _____ 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:

Verify by copy of the Contractor's Materials and Test Certificate for Underground Piping: Yes No Other

Flushed by installer of underground sprinkler piping: Yes No Other

If 'other', explain: _____

If powder-driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? Yes No

If no, explain: _____

Blank testing gaskets

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Number gaskets used: _____ Locations: _____ Number removed: _____

Welding

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Welding piping: Yes No

If yes:

- Do you certify as the sprinkler contractor that welding procedures used complied with the minimum requirements of AWS B2.1, ASME Section IX Welding and Brazing Qualifications, or other applicable qualification standard as required by the AHJ? Yes No
- Do you certify that all 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 qualification standards as required by the AHJ? Yes No
- Do you certify that the 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) the internal diameters of piping are not penetrated; (4) completed welds are free from cracks, incomplete fusion, surface porosity greater than 1/16 in. (1.6 mm) diameter, undercut deeper than the lesser of 25% of the wall thickness or 1/32 in. (0.8 mm); and (5) completed circumferential butt weld reinforcement does not exceed 3/32 in. (2.4 mm)? Yes No

Cutouts (discs)

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

Hydraulic data nameplate

Nameplate provided: Yes No If no, explain: _____

Sprinkler contractor removed all caps and straps? Yes No

Remarks

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Date left in service with all control valves open: _____

Additional explanations and notes

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Declaration & Signatures

By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with current NFPA standards for this system. The certification must be presented by the Contractor to the building owner/owner's agent upon completion and shall be uploaded to the Building Permit.

Signature of Inspector: _____ Date: _____

Signature of Property Owner / Owners Agent: _____ Date: _____