



Contractor's Material and Test Certificate for Underground Piping

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

NOTE: Sections 6 and 7(B) thru (D) are NOT APPLICABLE for 4 inch or less underground pipes serving NFPA 13R and 13D systems ONLY.

Check which type of inspection completed:

NFPA 13 NFPA 13R NFPA 13D

Permit Information **1** Address: _____

Permit No.: _____ Date of Inspection: _____

Building Owner / Owner's Agent **2** Name: _____

Provide the contact information for the building owner/owner's agent

Address: _____

Email: _____ Phone: _____

Contractor and Inspector Information **3** (a) **Fire Suppression Systems Contractor Information**

(a) The FSS contractor must provide their contact information and license number.

Contractor Name: _____ Contractor License #: _____

Email: _____ Phone: _____

(b) **Inspector Information (Testing must be performed by a licensed Fire Suppression Systems Worker)**

(b) The inspector must provide their name and FSSW license number.

Inspector Name: _____

Fire Suppression System Worker License #: _____

Instructions and Location **4** Installation conforms to accepted plans: Yes No Equipment used is approved: Yes 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? Yes No

If no, explain: _____

Have copies of appropriate instructions and care and maintenance charts been left on premises? Yes No

If no, explain: _____

Supplies buildings: _____

Underground pipes and joints **5** Pipe types and class: _____ Joint type: _____

Pipe conforms to: _____ standard Yes No Fittings conform to: _____ standard Yes No

If no, explain: _____

Joints needing anchorage clamped, strapped, or blocked in accordance with _____ standard Yes No

If no, explain: _____



Department of
Licenses and Inspections
CITY OF PHILADELPHIA

*** DO NOT MAIL THIS FORM***

Test description

6

Flushing: Flow the required rate until clear as indicated by no collection of foreign material in burlap bags at outlet such as hydrants and blow-offs. Flush in accordance with requirements of Table 10.10.2.1.3 - 2016 - NFPA 13.

Hydrostatic: All piping and attached appurtenances subjected to system working pressure shall be hydrostatically tested at 200 psi (13.8 bar) or 50 psi (3.4 bar) in excess of the system working pressure, whichever is greater, and shall maintain that pressure +/- 5 psi (0.34 bar) for 2 hours.

$$L = \frac{SD\sqrt{P}}{148.000}$$

L = testing allowance (makeup water), in gallons per hour
S = length of pipe tested, in feet
D = nominal diameter of pipe, in inches
P = average test pressure during the hydrostatic test, in pounds per square feet (gauge)

Tests:

7

- A) Flushing test
- B) Hydrostatic test
- C) Leakage test
- D) Forward flow test of backflow preventer

A) FLUSHING TEST:

New underground piping flushed according to _____ standard by (company): Yes No

If no, explain: _____

How flushing flow was obtained: Public water Tank / Reservoir Fire pump

Through what type of opening: Hydrant butt Open pipe

Lead-ins flushed according to _____ standard by (company): Yes No

If no, explain: _____

How flushing was obtained: Public water Tank / Reservoir Fire pump

Through what type of opening: Y connection to flange and spigot Open pipe

B) HYDROSTATIC TEST:

All new underground piping hydrostatically tested at: _____ psi for _____ hours

Joint covered: Yes No

C) LEAKAGE TEST:

Total amount of leakage measured: _____ gallons for _____ hours

Allowable leakage: _____ gallons for _____ hours

D) FORWARD FLOW TEST OF BACKFLOW PREVENTER:

Forward flow test performed in accordance with 10.10.2.5.2 – 2016 - NFPA 13: Yes No

Hydrants & Control Valves

8

Number of hydrants installed: _____ Type and make _____

All operate satisfactorily: Yes No Water control valves left wide open: Yes No

Hose threads of fire department connections and hydrants interchangeable with those of fire department answering alarm: Yes No

Remarks

9

Date left in service: _____

Additional explanation and notes

10

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 the 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: _____