



Contractor's Material and Test Certificate for Residential Fire Sprinkler Systems

Use this form to provide results and certify the piping testing performed for installation of water services for residential sprinkler systems in R-3 Residential Occupancy Classifications of three stories or less and residential building constructed under the IRC.

This form shall not be used for systems designed and installed in accordance with NFPA 13 or 13R.

Submit one certification for each system.

Permit Information	1	Address: _____ Building/Suite: _____ Permit No.: _____
Building Owner / Owner's Agent	2	Name: _____ Address: _____ Email: _____ Phone: _____
Contractor Information	3	(a) Fire Suppression Systems (FSS) Contractor Information Contractor Name: _____ FSS Contractor License #: _____ Email: _____ Phone: _____ (b) Fire Suppression Systems Worker (FSSW) Information FSSW Name: _____ FSSW License #: _____
Instructions	4	Installation conforms to accepted plans: <input type="checkbox"/> Yes Equipment used is approved: <input type="checkbox"/> Yes The owner or owner's agent have been provided with instructions on inspecting, testing, and maintaining the system <input type="checkbox"/> Yes
Tests:	5	A) HYDROSTATIC TEST: The system is hydrostatically tested at normal system operating pressure without evidence of leakage: <input type="checkbox"/> Yes System Operating Pressure: _____ Hydrostatic testing is conducted with: <input type="checkbox"/> sprinklers <input type="checkbox"/> plugs installed in the fittings Evidence of Leakage checked via: <input type="checkbox"/> maintenance of gage pressure <input type="checkbox"/> visual inspection B) PUMP tested in accordance with Section 11.2.2 of NFPA 13D: <input type="checkbox"/> Yes Pump Manufacturer: _____ Pump Capacity: _____ C) SYSTEM OPERATIONAL TEST: Waterflow detection devices are installed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the device, including the associated alarm circuits, are flow tested through the inspector's test connection and results are in an audible alarm on the premises: <input type="checkbox"/> Yes Is a pre-action or dry pipe systems: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the system was tested in accordance with manufacturer's instructions and applicable standard. <input type="checkbox"/> Yes
Date of Certification	6	Date certified: _____
Additional explanation and notes	7	_____ _____

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 Fire Suppression Permit.

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