

CITY OF PITTSBURGH FIRE PREVENTION

CONTRACTOR'S MATERIAL AND TEST CERTIFICATE FOR ABOVEGROUND PIPING

Standpipe System NFPA 14

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 _____
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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 or listed? If no, explain deviations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type of System	Automatic-dry	<input type="checkbox"/> Yes
	Automatic-wet	<input type="checkbox"/> Yes
	Semitaautomatic-dry	<input type="checkbox"/> Yes
	Manual-dry	<input type="checkbox"/> Yes
	Manual-wet	<input type="checkbox"/> Yes
	Combination standpipe/sprinkler	<input type="checkbox"/> Yes
	Other (if yes, explain)	<input type="checkbox"/> Yes

Water Supply Data Used for Design and As Shown on Plans	Fire pump date _____
	Manufacturer _____ Model _____
	Type: <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other (explain) _____
	Rated, gpm _____ Rated, psi _____ Shutoff, psi _____

Water Supply Source Capacity, Gallons	<input type="checkbox"/> Public waterworks system <input type="checkbox"/> Storage tank <input type="checkbox"/> Gravity tank <input type="checkbox"/> Open reservoir
	<input type="checkbox"/> Other (explain) _____

If Public Waterworks System:	Static, psi _____ Residual, psi _____ Flow in, gpm _____

Have Copies of the Following Been Left on the Premises?	<input type="checkbox"/> System components instructions <input type="checkbox"/> Care and maintenance of system <input type="checkbox"/> NFPA 25
	<input type="checkbox"/> Copy of accepted plans <input type="checkbox"/> Hydraulic data/calculations

Supplies Building(s)	Main waterflow shutoff location _____
	Number of standpipe risers _____
	Do all standpipe risers have base of riser shutoff valves? <input type="checkbox"/> Yes <input type="checkbox"/> No

Valve Supervision	<input type="checkbox"/> Locked open <input type="checkbox"/> Sealed and tagged <input type="checkbox"/> Tamperproof switch <input type="checkbox"/> Other
	If other, explain. _____

Pipe and Fittings	Type of pipe _____
	Type of fittings _____

Backflow Preventor	<input type="checkbox"/> Double check assembly	Size _____	Make and model _____
	<input type="checkbox"/> Reduced-pressure device		

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CONTROL VALVE DEVICE

Type	Size	Make	Model

Time to trip through remote hose valve _____ Min _____ Sec Water pressure _____ Air pressure _____
 Time water reached remote hose valve outlet _____ Min _____ Sec Trip point air pressure _____ psi
 Alarm operated properly? Yes No If no, explain. _____

Time water reached remote hose valve outlet _____ Min _____ Sec
 Hydraulic activation Yes
 Electric activation Yes
 Pneumatic activation Yes
 Make and model of activation device _____
 Each activation device tested? Yes No If no, explain. _____

Each activation device operated properly? Yes No If no, explain. _____

PRESSURE-REGULATING DEVICE

Location & Floor	Model	Nonflowing (psi)		Flowing (psi)		gpm
		Inlet	Outlet	Inlet	Outlet	

All hose valves on system operated properly? Yes No If no, explain. _____



Test Description	<p><i>Hydrostatic:</i> Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) 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><i>Pneumatic:</i> Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1 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 psi (0.1 bar) in 24 hours.</p>		
Tests	All piping hydrostatically tested at _____ psi (____ bar) for _____ hr		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 standpipe 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 gauge located near water supply test connection _____ 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 standpipe piping.			
Verified by copy of the U form no. 85b? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Explain:			
Flushed by installer of underground standpipe piping? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Blank Testing	Number used	Locations	Number removed
Welding	Welded piping <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes . . .		
	Do you certify as the standpipe 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 ensure 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	
Cutouts (Discs)	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
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:		
Name of Sprinkler/ Standpipe Contractor	Name of contractor _____		
	Address _____		
	State license number (if applicable) _____		
System Operating Test Witnessed by	Property owner _____	Title _____	Date _____
	Sprinkler/standpipe contractor _____	Title _____	Date _____
	Approving authorities _____	Title _____	Date _____
	Agency / Department _____		
Additional Explanation and Notes			