

Contractor's Material and Test Certificate for Private Fire Service Mains

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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF NO, STATE DEVIATIONS		
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF NO, EXPLAIN		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? IF NO, EXPLAIN		
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOCATION	SUPPLIES BUILDINGS		
PIPES AND JOINTS	PIPE TYPES AND CLASS		TYPE JOINT
	PIPE CONFORMS TO _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	FITTINGS CONFORM TO _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, EXPLAIN		
	BURIED JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED, OR BLOCKED IN ACCORDANCE WITH _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, EXPLAIN		
TEST DESCRIPTION	<p>FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 390 GPM (1476 L/min) for 4-inch pipe, 610 GPM (2309 L/min) for 5-inch pipe, 880 GPM (3331 L/min) for 6-inch pipe, 1560 GPM (5905 L/min) for 8-inch pipe, 2440 GPM (9235 L/min) for 10-inch pipe, and 3520 GPM (13323 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</p> <p>HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours.</p> <p>LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 qts. per hr. (1.89 L/h) per 100 joints irrespective of pipe diameter. The amount of allowable leakage specified above may be increased by 1 fl oz per in. valve diameter per hr. (30 mL/25 mm/h) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open, so the hydrants are under pressure, an additional 5 oz per minute (150 mL/min) leakage is permitted for each hydrant.</p>		
FLUSHING TESTS	NEW PIPING FLUSHED ACCORDING TO _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	BY (COMPANY)		
	IF NO, EXPLAIN		
	HOW FLUSHING FLOW WAS OBTAINED		THROUGH WHAT TYPE OPENING
	<input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP	<input type="checkbox"/> HYDRANT BUTT <input type="checkbox"/> OPEN PIPE	
	LEAD-INS FLUSHED ACCORDING TO _____ STANDARD		<input type="checkbox"/> YES <input type="checkbox"/> NO
	BY (COMPANY)		
	IF NO, EXPLAIN		
	HOW FLUSHING FLOW WAS OBTAINED		THROUGH WHAT TYPE OPENING
	<input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP	<input type="checkbox"/> Y CONN. TO FLANGE <input type="checkbox"/> OPEN PIPE & SPIGOT	

HYDROSTATIC TEST	ALL NEW PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HOURS		BURIED JOINTS COVERED <input type="checkbox"/> YES <input type="checkbox"/> NO
	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS		NO LEAKAGE ALLOWED FOR VISIBLE JOINTS
LEAKAGE TEST	ALLOWABLE LEAKAGE (BURIED) _____ GALS. _____ HOURS		NO LEAKAGE ALLOWED FOR VISIBLE JOINTS
HYDRANTS	NUMBER INSTALLED	TYPE AND MAKE	ALL OPERATE SATISFACTORILY <input type="checkbox"/> YES <input type="checkbox"/> NO
	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON		<input type="checkbox"/> YES <input type="checkbox"/> NO
CONTROL VALVES	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM		<input type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS	DATE LEFT IN SERVICE _____		
	ADDITIONAL COMMENTS: _____		
SIGNATURES	NAME OF INSTALLING CONTRACTOR		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR INSTALLING CONTRACTOR (SIGNED)	TITLE	DATE
ADDITIONAL EXPLANATION AND NOTES			