

Contractor's Material and Test Certificate for Fire Sprinkler Systems



**Portland Fire & Rescue
Fire Marshal's Office**
1300 SE Gideon St.
Portland, OR 97202-2419
Phone: 503-823-3712
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This form is to be completed and given to the AHJ, during the final sprinkler inspection. The Forward Test of the Backflow and the Acceptance Testing of the Sprinkler System (See p.2 of this form & the attached memo), will also be performed during the final sprinkler inspection.

Project Name	Date
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Project Address

City Portland	State Oregon	Zip
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AHJ	Portland Fire & Rescue
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PLANS	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, explain 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, explain
	Have copies of the following been left on the premises ?
	1. Record Drawings & System Components Instructions <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Care & Maintenance Instructions <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. NFPA 25 <input type="checkbox"/> Yes <input type="checkbox"/> No

ALARM VALVE or FLOW INDICATOR	Alarm device			Maximum time to operate Through test connection	
	Type	Make	Model	Minutes	Seconds

SPRINKLERS	Make	Model	Year of Manf.	Orifice Size	Quantity	Temp. rating

DRY PIPE OPERATING TEST	Dry valve			QOD				
	Make	Model	Serial #	Make	Model	Serial #		
		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	
		Seconds	psi	psi	psi	Seconds	Yes	No
	Without QOD							
With QOD								
a Measured from time inspector's test connection is opened								
b NFPA 13 only requires the 60 second limitation in specific sections								

DELUGE & PREACTION VALVES	Operation <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic											
	Does valve operate from the manual trip, remote, or both stations <input type="checkbox"/> Yes <input type="checkbox"/> No											
	Is there an accessible facility in each circuit for testing <input type="checkbox"/> Yes <input type="checkbox"/> No											
	If no, explain											
	Make										Model	
	Detection media supervised		Piping supervised		Does each circuit operate supervision loss alarm			Does each circuit operate valve release		Maximum time to operate release		
	Yes	No	Yes	No	Yes	No	Yes	No	Seconds			
TESTS	All piping hydrostatically tested at _____ psi for _____ hrs							If no, state reason				
	Dry pipe pneumatically tested, per NFPA 13 <input type="checkbox"/> Yes <input type="checkbox"/> No											
	Equipment operates properly <input type="checkbox"/> Yes <input type="checkbox"/> No											
	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 <input type="checkbox"/> Yes <input type="checkbox"/> No											
Drain test	Reading of gauge located near water					Residual pressure with valve in test connection open wide: _____ psi						
Supply test connection: _____ psi												
Underground mains and lead-in connections to system risers flushed before connection made to sprinkler piping: Verified by copy of the Contractor's Material and Test Certificate for Underground Piping <input type="checkbox"/> Yes <input type="checkbox"/> No							Other, explain:					
Flushed by installer of underground sprinkler piping <input type="checkbox"/> Yes <input type="checkbox"/> No												
BLANK TESTING GASKETS	Number used:		Locations:					Number removed:				
CUTOUTS (DISCS)	All cutout discs have been removed from all sprinkler piping <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:											
WELDING	Welding piping <input type="checkbox"/> Yes <input type="checkbox"/> No											
	If yes:											
	Do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1?							<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 B2.1?							<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you certify that the 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					
FORWARD TEST OF BACKFLOW (see attached memo)	Backflow device forward tested at a minimum of the highest challenge system demand plus inside hose stream allowance (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No					Test readings: psi _____ gpm _____						
HYDRAULIC DATA NAMEPLATE	Placed on system riser (s) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:											
REMARKS	Date left in service with all control valves open:											
SIGNATURES	Name of sprinkler contractor:											
	Contractor's address:											
	City:							State:		Zip:		
	Tests witnessed by											
	Property owner/Agent:					Title:			Date:			
	Sprinkler contractor:					Title:			Date:			
AHJ					Title:			Date:				