



FIRE PROTECTION BUREAU – PLAN REVIEW
PO Box 42642
Olympia WA 98504-2642
(360) 596-3900 FAX: (360) 596-3934



CONTRACTORS MATERIALS AND TEST REPORT FOR ABOVEGROUND PIPING

PROCEDURE: Upon completion of work, inspection and testing 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	
PROPERTY ADDRESS						
PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAME)					
	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, EXPLAIN DEVIATION:						
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVE 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. SYSTEM COMPONENTS INSTRUCTIONS				<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. CARE AND MAINTENANCE INSTRUCTIONS				<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. NFPA 25				<input type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION OF SYSTEM	SUPPLIES BUILDINGS					
	MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
SPRINKLERS						
PIPE AND FITTINGS	TYPE OF PIPE					
	TYPE OF FITTINGS					
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION		
	TYPE	MAKE	MODEL	MINUTES	SECONDS	

DRY PIPE OPERATING TEST	DRY VALVE				QUICK OPENING DEVICE							
	MAKE		MODEL		SERIAL NO.		MAKE		MODEL		SERIAL NO.	
		TIME TO TRIP THRU TEST CONNECTION		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY			
		MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO		
	WITHOUT Q.O.D.											
	WITH Q.O.D.											
IF NO, EXPLAIN:												
DELUGE & PREACTION VALVES	OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC											
	PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO				DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL 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	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM?			DOES EACH CIRCUIT OPERATE VALVE RELEASE?		MAXIMUM TIME TO OPERATE RELEASE				
		YES	NO		YES	NO	YES	NO				
TEST DESCRIPTION	HYDROSTATIC: Hydrostatic levels shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.											
	PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1 1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1 1/2 psi (0.1 bars) in 24 hours.											
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT _____ FOR _____ HRS 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 SPRINKLER SYSTEM 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 GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI				RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE: _____ PSI						
UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING.												
VERIFIED BY COPY OF THE U FORM NO 85B <input type="checkbox"/> YES <input type="checkbox"/> NO												
FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO												
IF NO, EXPLAIN:												
BLANK TESTING GASKETS	NUMBER USED		LOCATIONS					NUMBER REMOVED				
WELDING	WELDED PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE BELOW											
	DO YOU CERTIFY AS THE SPRINKLER 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											
FUNCTIONAL FLOW TEST	DOES AHJ REQUIRE A FUNCTIONAL FLOW TEST OF RESIDENTIAL SPRINKLERS? <input type="checkbox"/> YES <input type="checkbox"/> NO											
	WERE FUNCTIONAL FLOW TEST RESULTS SATISFACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO											
HYDRAULIC DATA NAMEPLATE	NAME PLATE PROVIDED <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 LICENSE #				DATE			
	TESTS WITNESSED BY											
	PROPERTY OWNER OR REPRESENTATIVE				TITLE				DATE			