



# Town of Stony Point

74 EAST MAIN STREET  
STONY POINT, NEW YORK 10980

TEL: (845) 786-2716  
FAX: (845) 786-3248

William Sheehan  
Building Inspector

Thomas Larkin  
Fire Inspector

## CONTRACTOR'S MATERIAL AND TEST CERTIFICATE FOR **A** ABOVEGROUND PIPING

### 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

PROPERTY ADDRESS

PLANS

ACCEPTED BY APPROVING AUTHORITIES (NAMES)

ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS

YES  
 YES

NO  
 NO

EQUIPMENT USED IS APPROVED  
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?  
IF NO, EXPLAIN.

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMESIS:

1. SYSTEM COMPONENTS INSTRUCTIONS
2. CARE AND MAINTENANCE INSTRUCTIONS
3. NFPA 25

YES  
 YES  
 YES  
 YES

NO  
 NO  
 NO  
 NO

LOCATION OF SYSTEM

SUPPLIES BUILDINGS

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	OFFICE SIZE	QUANTITY	TEMPERATURE RATING

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

MIN.

SEC.

<b>DRY PIPE OPERATING TEST</b>	DRY VALVE						O.O.D.			
	MAKE		MODEL		SERIAL NO.		SERIAL NO.			
	MAKE		MODEL		SERIAL NO.		SERIAL NO.			
	WITHOUT O.O.D.	TIME TO TRIP THROUGH 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
WITH O.O.D.										
IF NO. EXPLAIN										
<b>DELUGE &amp; PREACTION VALVES</b>	OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> DYDRAULIC									
	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 SUPERVISIONS LOSS ALARM			DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE		
		YES	NO	YES	NO	MIN.	SEC			
<p><b>TEST DESCRIPTION</b></p> <p><u>HYDROSTATIC:</u> Hydrastatic tests 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 above ground piping leakage shall be stopped.</p> <p><u>PNEUMATIC:</u> 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.</p>										
<b>TESTS</b>	ALL PIPING HYDROSTATICALLY TESTED AT _____ PSI FOR _____ HRS. IN NO. STATE REASON									
	DRY PIPING PUYEUMATICALLY TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO									
	EQUIPMENT OPERATES PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> NO									
	DO YOU CERTIFY AS THR SPTINKLER CONTRACTOR THAT ADDITIVES AND CORROSIVE CHEMICALS SODIUM SILICATE OR DERIVATIVES OF SODIUM SILICATE, BRINE, OR OTHER CORROSICE CHEMICALS WERE NOT USED FOR TESTING SYSTEMS OR STOPPING LEAKS? <input type="checkbox"/> YES <input type="checkbox"/> NO									
	<b>DRAIN TEST</b>	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 OTHER _____ EXPLAIN										
FLUSHED BY INSTALLER OF UNDER-GROUND SPRINKLER PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO										
IF POWDER DRIVEN FASTENERS ARE USED IN CONCRETE HAS REPRESENTATIVE SAMPLE TESTING BEEN SATISFACTORY COMPLETELY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAJN										
<b>BLANK TESTING GASKETS</b>		NUMBER USED			LOCATIONS			NUMBER REMOVED		

WELDING	WELDED 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 D10.9. LEVEL AR-3?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DO YOU CERTIFY THAT HE WELDING WAS PREFORMED 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 CERIFY THAT WELDING WASW CARRIEDOUT IN COMPLIANCE WITH A DOCUMENTED UALITY CONTROL PRECEDURE TO INSURE 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 YU 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 CONTTOL VALVES OPEN:		
SIGNATURES	NAME OF SPRINKLER CONTRACTOR		
	TESTS WITNESSED BY		
	FOR PROPERTY OWNER (SIGNED)	TITLE	DATE
	FOR SPRINKLER CONTRACTOR (SIGNED)	TITLE	DATE
ADDITIONAL EXPLANATION AND NOTES:			