



TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)
 333 Guadalupe, Austin, Texas 78701 * PO Box 149221, Austin, Texas 78714-9221
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Contractor's Material and Test Certificate for 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 the 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 authorities requirements or local ordinances.

| | |
|---------------|------|
| Property Name | Date |
|---------------|------|

| | | | |
|------------------|------|-------|-----|
| Property Address | City | State | Zip |
|------------------|------|-------|-----|

| | | | |
|--------------|--|------------------------------|-----------------------------|
| PLANS | Accepted by approving authorities(names) | | |
| | Address | | |
| | Installation conforms to accepted plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Equipment used is approved? If no, explain deviations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | | | |
|---------------------|---|--|--|------------------------------|-----------------------------|
| 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 the following been left on the premises? 1. System Components Instructions 2. Care and Maintenance Instructions 3. NFPA 25 | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|---------------------------|--------------------|
| LOCATION OF SYSTEM | Supplies buildings |
|---------------------------|--------------------|

| SPRINKLERS | Make | Model | Year of Manufacture | Orifice Size | Quantity | Temperature Rating |
|------------|------|-------|---------------------|--------------|----------|--------------------|
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| | |
|--------------------------|------------------|
| PIPE AND FITTINGS | Type of pipe |
| | Type of fittings |

| ALARM VALVE OR FLOW INDICATOR | ALARM DEVICES | | | Maximum time to operate through test connection | |
|-------------------------------|---------------|------|-------|---|---------|
| | Type | Make | Model | Minutes | Seconds |
| | | | | | |

| DRY PIPE OPERATING TEST | DRY VALVE | | | | Q.O.D. | | | | |
|-------------------------|----------------|---|----------------|--------------|-------------------------|---|-------------------------|--|--|
| | Make | Model | Serial No. | Make | Model | Serial No. | | | |
| | | | | | | | | | |
| | | Time to trip through test connection ^{1,2} | Water Pressure | Air Pressure | Trip Point Air Pressure | Time water reached test outlet ^{1,2} | Alarm operated properly | | |
| | | Minutes Seconds | psi | psi | psi | Minutes Seconds | 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 | | Detection media supervised <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Does valve operate from the manual trip, remote, or both 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? |
| | | | Yes No | Yes No |
| | | | | |
| | | | Maximum time to operate release? | |
| | | | Minutes Seconds | |

¹ Measured from time inspector's test connection is opened.

² NFPA 13 only requires the 60-second limitation in specific sections

| PRESSURE REDUCING VALVE TEST | Location & Floor | Make & Model | Setting | STATIC PRESSURE | | RESIDUAL PRESSURE (flowing) | | FLOW RATE |
|---|--|--|---------|---------------------|--|-----------------------------|----------------|------------|
| | | | | Inlet (psi) | Outlet (psi) | Inlet (psi) | Outlet (psi) | Flow (GPM) |
| TEST DESCRIPTION | <p>HYDROSTATIC: Hydrostatic 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 aboveground piping leakage shall be stopped.</p> <p>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.</p> | | | | | | | |
| TESTS | All pipe hydraulically tested at: _____ psi (_____ bar) for _____ hrs | | | If no, state reason | | | | |
| | Dry Pipe 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 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 (_____ 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 sprinkler piping | | | | | | | | |
| Verified by copy of the Contractor's Material & 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 | | | | | | | | |
| If powder driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? <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... | | | | | | | |
| | 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 | | | | | | | | |
| CUTOUTS (DISCS) | Do you certify that you have a control feature to ensure that all cutouts (disks) 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: _____ | | | | | | | |
| Signature | Name of sprinkler contractor | | | | | C of R No. SCR- | | |
| | Contractor's Address | | | | City | State | Zip | |
| | Tests witnessed by | | | | | | | |
| | For property owner (signed) | | | | | Title | Date | |
| | For sprinkler contractor (signed) | | | | | Title | Date | |
| Additional explanation and notes | | | | | | | | |

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|--------------------------|---|--|--|--|------|--|--|--|
| RME CERTIFICATION | I certify that the information herein is true and that this sprinkler system was installed in accordance with Chapter 6003, Texas Insurance Code and the rules and standards adopted by the State Fire Marshal's Office. | | | | | | | |
| | Responsible Managing Employee (signature) | | | | | | | |
| | Responsible Managing Employee (print or type name) | | | | | | | |
| RME License Number | | | | | Date | | | |

DISTRIBUTION: Original COPY 1 Posted at site or give to owner COPY 2 for the installing firm in file accessible to SFMO
COPY 3 for local approving authority within 10 days after completion