



## CONTRACTOR'S MATERIAL AND TEST CERTIFICATE FIRE SPRINKLER SYSTEMS

|  |             |
|--|-------------|
| Type of Work: <input type="checkbox"/> New Installation <input type="checkbox"/> Test/Inspection <input type="checkbox"/> Repair | Date: _____ |
|--|-------------|

### Premise Information

|   |        |        |
|---|--------|--------|
| Name of facility:   |        |        |
| Physical Address:   |        |        |
| Mailing Address:  |        |        |
| Contact Person:   | Title: | Phone: |
| Occupancy Type: Retail <input type="checkbox"/> Office <input type="checkbox"/> Assembly <input type="checkbox"/> Industrial <input type="checkbox"/> Storage <input type="checkbox"/> Other: |        |        |
| Previous Type: Retail <input type="checkbox"/> Office <input type="checkbox"/> Assembly <input type="checkbox"/> Industrial <input type="checkbox"/> Storage <input type="checkbox"/> Other:  |        |        |
| Modifications since last inspection: Yes <input type="checkbox"/> No <input type="checkbox"/> Description: _____  |        |        |
| Special hazards: Haz. Materials <input type="checkbox"/> High Rise ( $\geq$ 7 stories) <input type="checkbox"/> Storage > 12' <input type="checkbox"/> Other:                                 |        |        |

### Contractor Information

|   |                                    |
|---|------------------------------------|
| Company Name:   | WA Cont. Lic. No.:                 |
| Address:  | Phone Number:                      |
| Tech. Name:   |                                    |
| Listed Company <input type="checkbox"/> Yes <input type="checkbox"/> No | Listing Agency: _____ Listing No.: |

### System Information

|   |                              |                             |
|---|------------------------------|-----------------------------|
| System location:                              |                              |                             |
| As-built plans at riser                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hydraulic design information sign at riser    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| General information sign at riser             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| System component instructions on premises     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Care and maintenance instructions on premises | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Copy of NFPA 25 provided on premises          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## General Inspection

|                                     | Yes | No | NA |                              | Yes | No | N/A |
|-------------------------------------|-----|----|----|------------------------------|-----|----|-----|
| System in service at inspection     |     |    |    | Tamper Switches Operate      |     |    |     |
| PIV Locked/Tamper Open              |     |    |    |                              |     |    |     |
| Valves Operational and Accessible   |     |    |    | Spare Heads in Cabinet       |     |    |     |
| Cont. Valve Locked/Tamper Open      |     |    |    | Head Temp. Appropriate       |     |    |     |
| Backflow Valve Locked/Tamp. Open    |     |    |    | Heads Clean and Paint Free   |     |    |     |
| Valve Area Accessible               |     |    |    | Head Wrench in Cabinet       |     |    |     |
| Main Check Valve Holds Pressure     |     |    |    | Cooler Head Ice Free         |     |    |     |
| Alarm Ck. Valve Ext. Free of Damage |     |    |    | Heads Leak/Damage Free       |     |    |     |
| Trim Piping Leak Tight              |     |    |    | Heads Unobstructed           |     |    |     |
| Trim Valves in Appropriate Position |     |    |    | Storage >18" Below Heads     |     |    |     |
| Alarm Test Line Valve Closed        |     |    |    | Stand. Heads < 50 yrs Old    |     |    |     |
| FDC Plainly Visible                 |     |    |    | Res. Heads < 20 yrs Old      |     |    |     |
| FDC Easily Accessible               |     |    |    | Wet Pipes Properly Heated    |     |    |     |
| FDC Swivels Non-Binding             |     |    |    | System Appears Leak Free     |     |    |     |
| FDC Capped/Plugged                  |     |    |    | CSC Head Replace. Needed     |     |    |     |
| FDC Ck. Valve Drip Free             |     |    |    | As-Builts At Riser           |     |    |     |
| Ext. Alarms Properly Identified     |     |    |    | Riser Room Identified        |     |    |     |
| Ext. Alarms Operate                 |     |    |    | Pipes Support Other Material |     |    |     |
| Interior Alarms Operate             |     |    |    | All Escutcheons In Place     |     |    |     |
| Flow Switch Operates                |     |    |    |                              |     |    |     |

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## Main Drain Test

| Sprinkler Supply Static Pressure                     | psi | Sprinkler Supply Residual Pressure | psi | Yes | No | N/A |
|--|-----|------------------------------------|-----|-----|----|-----|
| Main drain flow test with _____ inch valve full open |     |                                    |     |     |    |     |
| Water flow alarm devices activated                   |     |                                    |     |     |    |     |
| Interior alarms operating properly                   |     |                                    |     |     |    |     |
| Gauges operating properly                            |     |                                    |     |     |    |     |
| Alarm supervising company received signal properly   |     |                                    |     |     |    |     |
| Alarm panel reset properly                           |     |                                    |     |     |    |     |
| Alarm panel clear                                    |     |                                    |     |     |    |     |
| System left in service                               |     |                                    |     |     |    |     |
| Comments   |     |                                    |     |     |    |     |
|  |     |                                    |     |     |    |     |
|  |     |                                    |     |     |    |     |
|  |     |                                    |     |     |    |     |
| <b>(Fully Explain All No Answers)</b>                |     |                                    |     |     |    |     |

### Dry Pipe System Inspection

|                                       | Yes | No | N/A |                                 | Yes | No | N/A |
|---------------------------------------|-----|----|-----|---------------------------------|-----|----|-----|
| Dry Pipe Valve Damage Free            |     |    |     | Compressor Operates             |     |    |     |
| Trim In Appropriate Position          |     |    |     | Oil Level Full                  |     |    |     |
| Alarm Test Valve Closed               |     |    |     | Interior Alarms Operate         |     |    |     |
| Heater Operational                    |     |    |     | Exterior Alarms Operate         |     |    |     |
| Hi/Lo Switch Operates                 |     |    |     | Supervisory Co. Received Signal |     |    |     |
| Alarm Press. Sw. Operates             |     |    |     | Alarm Panel Reset               |     |    |     |
| Auto Air Main. Device Operates        |     |    |     | Alarm Panel Clear               |     |    |     |
| Quick Opening Device Tested           |     |    |     | System left in service          |     |    |     |
| Interior of Dry Valve Condition Good  |     |    |     |                                 |     |    |     |
| Priming Water at Proper Level         |     |    |     |                                 |     |    |     |
| Comments                              |     |    |     |                                 |     |    |     |
|                                       |     |    |     |                                 |     |    |     |
|                                       |     |    |     |                                 |     |    |     |
|                                       |     |    |     |                                 |     |    |     |
| <b>(Fully Explain All No Answers)</b> |     |    |     |                                 |     |    |     |

### Dry Pipe Operating Test

|                                       | Dry Valve |                            |       |                |                      |                         | QOD                  |     |                |       |   |   |
|---------------------------------------|-----------|----------------------------|-------|----------------|----------------------|-------------------------|----------------------|-----|----------------|-------|---|---|
|                                       | Make      |                            | Model |                | Serial #             |                         | Make                 |     |                | Model |   |   |
| System                                | QOD       | Time to TripThru Test Pipe |       | Water Pressure | Initial Air Pressure | Trip Point Air Pressure | Water To Test Outlet |     | Alarm Operated |       |   |   |
|                                       | Trip OK   | Min                        | Sec   | PSI            | PSI                  | PSI                     | Min                  | Sec | Y              | N     | Y | N |
| 1                                     |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
| 2                                     |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
| 3                                     |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
| 4                                     |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
| Comments:                             |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
|                                       |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
|                                       |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
|                                       |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
|                                       |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
|                                       |           |                            |       |                |                      |                         |                      |     |                |       |   |   |
| <b>(Fully Explain All No Answers)</b> |           |                            |       |                |                      |                         |                      |     |                |       |   |   |

## Special Systems

| Special Systems Provided   | Deluge <input type="checkbox"/> | Pre-Action <input type="checkbox"/>               | Other <input type="checkbox"/> |   |                             |                                 |                             |
|--|---------------------------------|---|--------------------------------|---|-----------------------------|---------------------------------|-----------------------------|
| Did the deluge or pre-action valves operate properly during testing?   |                                 |   |                                | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input type="checkbox"/>    |                             |
| Did the fire detection devices operate during testing?   |                                 |   |                                | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input type="checkbox"/>    |                             |
| Did the supervisory devices operate during testing?  |                                 |   |                                | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input type="checkbox"/>    |                             |
| <b>Deluge and Pre-Action Valves</b>  |                                 |   |                                |   |                             |                                 |                             |
| Operation: Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/>               |                                 |   |                                |   |                             |                                 |                             |
| Piping Supervised? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                 |   |                                | Detection Supervised                    |                             | Yes <input type="checkbox"/>    | No <input type="checkbox"/> |
| Does valve operate from the manual trip and/or remote control stations? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                 |   |                                |   |                             |                                 |                             |
| If no, explain:  |                                 |   |                                |   |                             |                                 |                             |
| Is there an accessible facility in each circuit for testing?   |                                 |   |                                | Yes <input type="checkbox"/>            | No <input type="checkbox"/> |                                 |                             |
| Make   | Model                           | Does each circuit operate supervision loss alarm? |                                | Does each circuit operate valve release |                             | Maximum time to operate release |                             |
|  |                                 | Yes   | No                             | Yes                                     | No                          | Min.                            | Sec.                        |
|  |                                 |   |                                |   |                             |                                 |                             |
|  |                                 |   |                                |   |                             |                                 |                             |

Adjustments or corrections made this inspection \_\_\_\_\_

All systems fully operational Yes  No  Exceptions (explain): \_\_\_\_\_

This certifies that all testing was performed in accordance with applicable NFPA and IFC Standards.

Inspector Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

For (Testing Company Name) \_\_\_\_\_

Signature of Owner or Representative \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

For (Owner Company Name) \_\_\_\_\_

### Instructions

Upon completion of work, all inspections and tests required by NFPA 13, 13R, and 25, and the City of Gig Harbor shall be made by the contractor's representative and witnessed by an owner's representative, and this Contractors Material and Test Certificate shall be completed and signed by both representatives. One copy of the completed test certificate shall be provided to the owner and one copy shall be provided by the contractor to the fire marshal at the time of final test and inspection. For periodic tests and inspections of existing systems, one copy of this certificate shall be provided to the owner and one copy shall be submitted electronically to Gig Harbor Fire & Medic One at [inspections@gigarborfire.org](mailto:inspections@gigarborfire.org)