



TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)
 333 Guadalupe, Austin, Texas 78701 * PO Box 149221, Austin, Texas 78714-9221
 (512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFMO

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
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Property Address	City	State	Zip
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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
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SPRINKLERS	Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating

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?		Maximum time to operate release?	
			Yes	No	Yes	No	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	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.								
	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 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)				
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						
CUTOUTS (DISCS)	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					
	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									

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