



Unified Fire Authority - Fire Prevention Bureau

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 leave the job.

This certificate shall be filled out and signed as indicated. 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 the approving authority's requirements or local ordinances.

Property Name and Address

Plans	Accepted by approving authorities (names) Unified Fire Authority _____					
	Address 3380 South 900 West, SLC UT.					
	Installation conforms to accepted plans				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Equipment used is approved				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, state 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?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have copies of the following been left on the premises? 1. System components instructions 2. Care and maintenance instructions 3. NFPA 25					Yes <input type="checkbox"/>	No <input type="checkbox"/>

Location of system	Supplies buildings					
---------------------------	--------------------	--	--	--	--	--

Sprinklers	Make	Model	Year of Manufacturer	Orifice 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	Minutes	Seconds	

Dry pipe operating test	Dry Valve				Q.O.D.						
	Make		Model	Serial no.	Make	Model	Serial no.				
	Time to trip through test		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?											

Hydraulic Data Nameplate	Nameplate provided Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, explain?
Remarks	Date system left in service with all control valves open?	
Signatures	Name of sprinkler contractor?	
	Tests witnessed by	
	For property owner (signed) _____	
	Title _____	Date _____
	For sprinkler contractor (signed) _____	
	Title _____	Date _____
<p><u>Antifreeze Systems</u> Type of Antifreeze Used _____</p> <p>If the fire sprinkler system contains antifreeze do you certify that the antifreeze is strictly glycerin, C.P or USP 96.5% grade or propylene glycol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Name of person who installed antifreeze _____</p> <p>Date antifreeze installed _____</p> <p>Temperature or protection _____ below zero</p>		
For office use only		
Date Information Received:		
Received By:		
Comments:		