

CONTRACTOR'S MATERIAL AND TEST CERTIFICATE FOR ABOVEGROUND PIPING

Standpipe System NFPA 14

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 the system left in service before the 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 that the owner's representative's signature in no way prejudices any claim against the contractor for faulty material, poor workmanship, or failure to comply with the approving authority's requirements or local ordinances.

Property name		Date
Property address		
Plans	Accepted by approving authorities (names)	
	Address	
	Installation conforms to accepted plans? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Equipment used is approved or listed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain deviations. _____		
Type of System	<input type="checkbox"/> Automatic dry <input type="checkbox"/> Automatic wet <input type="checkbox"/> Semiautomatic dry <input type="checkbox"/> Manual dry <input type="checkbox"/> Manual wet <input type="checkbox"/> Combination standpipe/sprinkler If other, explain. _____	
Water Supply Data Used for Design and As Shown on Plans	Fire pump data Manufacturer _____ Model _____ Type: <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other (explain) _____ Rated, gpm _____ Rated, psi _____ Shutoff, psi _____	
Water Supply Source Capacity, Gallons	<input type="checkbox"/> Public waterworks system _____ (gal) <input type="checkbox"/> Storage tank _____ (gal) <input type="checkbox"/> Gravity tank _____ (gal) <input type="checkbox"/> Open reservoir _____ (gal) <input type="checkbox"/> Other (explain) _____	
If Public Waterworks System:	Static, psi _____ Residual, psi _____ Flow, gpm _____	
Have Copies of the Following Been Provided to the Owner or Owner's Representative?	<input type="checkbox"/> System components instructions <input type="checkbox"/> Care and maintenance of system <input type="checkbox"/> NFPA 25 <input type="checkbox"/> Copy of accepted plans <input type="checkbox"/> Hydraulic data/calculations	
Supplies Building(s)	Main waterflow shutoff location _____ Number of standpipe risers _____ Do all standpipe risers have base of riser shutoff valves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Valve Supervision	<input type="checkbox"/> Locked open <input type="checkbox"/> Sealed and tagged <input type="checkbox"/> Tamperproof switch <input type="checkbox"/> Other If other, explain. _____	
Pipe and Fittings	Type of pipe _____ Type of fittings _____	
Hose Threads	Hose threads have been verified for compliance with local fire department <input type="checkbox"/> Yes <input type="checkbox"/> No	
Backflow Preventor	<input type="checkbox"/> Double check assembly <input type="checkbox"/> Reduced-pressure device Size _____ Make and model _____	

CONTROL VALVE DEVICE

Type	Size	Make	Model

Time to trip through remote hose valve _____ Min _____ Sec Water pressure _____ Air pressure _____
 Time water reached remote hose valve outlet _____ Min _____ Sec Trip point air pressure _____ psi
 Alarm operated properly? ☐ Yes ☐ No If no, explain. _____

Time water reached remote hose valve outlet _____ Min _____ Sec
 Hydraulic activation ☐ Yes
 Electric activation ☐ Yes
 Pneumatic activation ☐ Yes
 Make and model of activation device _____
 Each activation device tested? ☐ Yes ☐ No If no, explain. _____

Each activation device operated properly? ☐ Yes ☐ No If no, explain. _____

PRESSURE-REGULATING DEVICE

Location & Floor	Model	Nonflowing (psi)		Flowing (psi)		gpm
		Inlet	Outlet	Inlet	Outlet	

All hose valves on system operated properly? ☐ Yes ☐ No If no, explain. _____

Test Description	<p><i>Hydrostatic:</i> Hydrostatic tests shall be made at not less than 200 psi (13.6 bar) for 2 hours or 50 psi (3.4 bar) above static pressure in excess of 150 psi (10.2 bar) for 2 hours. Differential dry pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.</p> <p><i>Pneumatic:</i> Establish 40 psi (2.7 bar) air pressure and measure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop, which shall not exceed 1½ psi (0.1 bar) in 24 hours.</p>		
Tests	Hydrostatic Test — Pressure at top of standpipe(s) STP# _____ Pressure _____ (psi) (_____ bar) STP# _____ Pressure _____ (psi) (_____ bar) STP# _____ Pressure _____ (psi) (_____ bar) STP# _____ Pressure _____ (psi) (_____ bar) STP# _____ Pressure _____ (psi) (_____ bar) STP# _____ Pressure _____ (psi) (_____ bar)		
	All piping hydrostatically tested at _____ psi (_____ bar) for _____ hrs Dry piping pneumatically tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Equipment operates properly? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, state reason.
	Do you certify as the standpipe 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 gauge located near water supply test connection _____ psi (_____ bar)	Residual pressure with valve in test connection open wide _____ psi (_____ bar)
Flow Test	Flow water from the hydraulically most remote standpipe outlet(s). Record: Static pressure: _____ psi (_____ bar) Residual pressure: _____ psi (_____ bar) Nozzle diameter: _____ in. (_____ cm) Pitot pressure: _____ psi (_____ bar) Total flow: _____ gpm (_____ L/min)		
	Blank Testing	Number used _____ Locations _____	Number removed _____
Welding	Welded piping <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes . . .		
	Do you certify as the standpipe 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 the welding was performed 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		
Cutouts (Discs)	Do you certify that 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		
	Do you certify that you 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 <input type="checkbox"/> If no, explain. _____		
Remarks	Date left in service with all control valves open: _____		
Name of Sprinkler/ Standpipe Contractor	Name of contractor _____ Address _____ State license number (if applicable) _____		
System Operating Test Witnessed by	Property owner _____	Title _____	Date _____
	Sprinkler/standpipe contractor _____	Title _____	Date _____
	Approving authorities _____	Title _____	Date _____
Additional Explanation and Notes			

Contractor's Material and Test Certificate for Underground Piping

PROCEDURE

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Property name

Date

Property address

Plans

Accepted by approving authorities (names)

Address

Installation conforms to accepted plans

☐ Yes

☐ No

Equipment used is approved

☐ Yes

☐ No

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

☐ No

Have copies of appropriate instructions and care and maintenance charts been provided to the owner or owner's representative?
If no, explain

☐ Yes

☐ No

Location

Supplies buildings

Underground pipes and joints

Pipe types and class

Type joint

Pipe conforms to _____ standard

☐ Yes

☐ No

Fittings conform to _____ standard

☐ Yes

☐ No

If no, explain

Joints needing anchorage clamped, strapped, or blocked in accordance with _____ standard
If no, explain

☐ Yes

☐ No

Test description

Flushing: Flow the required rate until water is verified to be clear of debris at outlets such as hydrants and blow-offs. Flush at one of the flow rates as specified in 10.10.2.1.3 of NFPA 24.

Hydrostatic: All piping and attached appurtenances subjected to system working pressure shall be hydrostatically tested at 200 psi (13.8 bar) or 50 psi (3.4 bar) in excess of the system working pressure, whichever is greater, and shall maintain that pressure ± 5 psi (0.34 bar) for 2 hours.

Hydrostatic Testing Allowance: Where additional water is added to the system to maintain the test pressures required by 10.10.2.2.1 of NFPA 24, the amount of water shall be measured and shall not exceed the limits of the following equation (for metric equation, see 10.10.2.2.6 of NFPA 24):

$$L = \frac{SD\sqrt{P}}{148,000}$$

L = testing allowance (makeup water), in gallons per hour (lpm)

S = length of pipe tested, in feet (m)

D = nominal diameter of the pipe, in inches (mm)

P = average test pressure during the hydrostatic test, in pounds per square inch (gauge) (bar)

Flushing tests

New underground piping flushed according to _____ standard by (company)
If no, explain

☐ Yes

☐ No

How flushing flow was obtained

☐ Public water

☐ Tank or reservoir

☐ Fire pump

Through what type opening

☐ Hydrant butt

☐ Open pipe

Lead-ins flushed according to _____ standard by (company)
If no, explain

☐ Yes

☐ No

How flushing flow was obtained

☐ Public water

☐ Tank or reservoir

☐ Fire pump

Through what type opening

☐ Y connection to flange and spigot

☐ Open pipe

Hydrostatic test	All new underground piping hydrostatically tested at _____ psi (bar) for _____ hours		Joints covered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Leakage test	Total amount of leakage measured _____ gallons (liters) _____ hours			
	Allowable leakage _____ gallons (liters) _____ hours			
Forward flow test of backflow preventer	Forward flow test performed in accordance with 10.10.2.5.2 of NFPA 24: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hydrants	Number installed	Type and make	All operate satisfactorily <input type="checkbox"/> Yes <input type="checkbox"/> No	
Control valves	Water control valves left wide open If no, state reason			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hose threads of fire department connections and hydrants interchangeable with those of fire department answering alarm			<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks	Date left in service			
Signatures	Name of installing contractor			
	Tests witnessed by			
	For property owner (signed)	Title	Date	
	For installing contractor (signed)	Title	Date	
Additional explanation and notes				

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