

FIGURE 9-1.2(a) Sample contractor's material and test certificate for aboveground piping.

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 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 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 authority's requirements or local ordinances.	
PROPERTY NAME	ATRIUM DATE OCT 24/2022
PROPERTY ADDRESS	19945 BRYDON CRES, LANGLEY
PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES) CITY OF LANGLEY ADDRESS 20399 DOUGLAS CRES, LANGLEY INSTALLATION CONFORMS TO ACCEPTED PLANS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT USED IS APPROVED OR LISTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN DEVIATIONS
	TYPE OF SYSTEM AUTOMATIC-DRY <input type="checkbox"/> YES AUTOMATIC-WET <input checked="" type="checkbox"/> YES SEMIAUTOMATIC-DRY <input type="checkbox"/> YES MANUAL-DRY <input type="checkbox"/> YES MANUAL-WET <input type="checkbox"/> YES COMBINATION STANDPIPE/SPRINKLER <input checked="" type="checkbox"/> YES OTHER, IF YES EXPLAIN <input type="checkbox"/> YES
	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 _____ SHUT-OFF PSI _____
	WATER SUPPLY SOURCE CAPACITY, GALLONS PUBLIC WATER-WORKS SYSTEM <input checked="" type="checkbox"/> STORAGE TANK <input type="checkbox"/> GRAVITY TANK <input type="checkbox"/> OPEN RESERVOIR <input type="checkbox"/> OTHER <input type="checkbox"/> EXPLAIN
IF PUBLIC WATERWORKS SYSTEM:	STATIC PSI 105 RESIDUAL PSI 95 FLOW IN 2"
HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES?	<input checked="" type="checkbox"/> SYSTEM COMPONENTS INSTRUCTIONS <input checked="" type="checkbox"/> CARE AND MAINTENANCE OF SYSTEM <input checked="" type="checkbox"/> NFPA 25 <input checked="" type="checkbox"/> COPY OF ACCEPTED PLANS <input checked="" type="checkbox"/> HYDRAULIC DATA/CALCULATIONS
SUPPLIES BUILDING(S)	MAIN WATERFLOW SHUT-OFF LOCATION WATER ENTRY ROOM P1 NUMBER OF STANDPIPE RISERS 3 DO ALL STANDPIPE RISERS HAVE BASE OF RISER SHUT-OFF VALVES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
VALVE SUPERVISION	LOCKED OPEN <input type="checkbox"/> SEALED AND TAGGED <input type="checkbox"/> TAMPERPROOF SWITCH <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> IF OTHER,
PIPE AND FITTINGS	TYPE OF PIPE 4" SCHED 10" TYPE OF FITTINGS VICTAULIC GROOVED
BACKFLOW PREVENTOR	A) DOUBLE CHECK ASSEMBLY <input checked="" type="checkbox"/> SIZE 4" MAKE AND MODEL WATTS 757 B) REDUCED-PRESSURE DEVICE <input type="checkbox"/>

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FIGURE 9-1.2(a) Continued.

CONTROL VALVE DEVICE			
TYPE	SIZE	MAKE	MODEL
BUTTERFLY VALVE	4"	VICTAULIC	705W

TIME TO TRIP THROUGH REMOTE HOSE VALVE 0 MIN 0 SEC WATER PRESSURE 105 AIR PRESSURE _____
 TIME WATER REACHED REMOTE HOSE VALVE OUTLET 0 MIN 0 SEC TRIP POINT AIR PRESSURE 105 PSI
 ALARM OPERATED PROPERLY ☒ YES ☐ NO IF NO, EXPLAIN _____

TIME WATER REACHED REMOTE HOSE VALVE OUTLET 0 MIN 0 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 _____

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FIGURE 9-1.2(a) Continued.

TEST DESCRIPTION	HYDROSTATIC: 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. PNEUMATIC: 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.		
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS DRY PIPING PNEUMATICALLY TESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	DRAIN TEST	READING OF GAUGE LOCATED NEAR WATER SUPPLY TEST CONNECTION <u>105</u> PSI RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE <u>95</u> PSI	
	UNDERGROUND MAINS AND LEAD-IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO STANDPIPE PIPING. VERIFIED BY COPY OF THE U FORM NO. 85B <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OTHER EXPLAIN FLUSHED BY INSTALLER OF UNDERGROUND STANDPIPE PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
BLANK TESTING	NUMBER USED <u>0</u>	LOCATIONS	NUMBER REMOVED
WELDING	WELDED PIPING <input type="checkbox"/> YES <input checked="" 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 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		
CUTOUTS (DISCS)	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
HYDRAULIC DATA NAMEPLATE	NAME PLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN: <u>OCT 24/2022</u>		
NAME OF SPRINKLER/STANDPIPE CONTRACTOR	NAME OF CONTRACTOR <u>W.S. FIRE PROTECTION LTD.</u> ADDRESS <u>1009 EDGEHILL PL, KAMLOOPS BC, V2C 0G6</u> STATE LICENSE NUMBER (IF APPLICABLE) _____		
SYSTEM OPERATING TEST WITNESSED BY	PROPERTY OWNER _____ TITLE _____ DATE _____ SPRINKLER/STANDPIPE CONTRACTOR <u>W.S. Fire Protection Ltd.</u> TITLE <u>OWNER</u> DATE <u>OCT 24/2022</u> APPROVING AUTHORITIES _____ TITLE _____ DATE _____		
ADDITIONAL EXPLANATION AND NOTES			

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