



**TOWN OF AMHERST**  
**Fire Safety Division**  
 5583 Main St – Lower Level  
 Amherst, New York 14221  
 Phone (716) 631-7140  
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[www.amherst.ny.us/firesafety](http://www.amherst.ny.us/firesafety)

## CONTRACTORS MATERIAL AND TEST CERTIFICATE FOR ABOVEGROUND PIPING

*This certification ensures systems meet design specifications, function as intended, and comply with fire safety regulations. Accurate documentation is essential for system approval and operational readiness.*

### 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:**

**Date:**

**Property Address:**

	Accepted by approving authorities (names):					
	Address:					
<b>Plans</b>	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
<b>Instructions</b>	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?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	1. System components instructions					<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Care and maintenance instructions					<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. NFPA 25					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Location</b>	Supplies Buildings					
<b>Sprinklers</b>	<b>Make</b>	<b>Model</b>	<b>Year of Manufacture</b>	<b>Orifice Size</b>	<b>Quantity</b>	<b>Temperature Rating</b>
<b>Pipe and fittings</b>	Type of pipe					
	Type of fittings					



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<b>Alarm valve or flow indicator</b>	<b>Alarm Device</b>					<b>Maximum time to operate through test connection</b>						
	<b>Type</b>		<b>Make</b>		<b>Model</b>		<b>Minutes</b>		<b>Seconds</b>			
<b>Dry pipe operating test</b>	<b>Dry Valve</b>					<b>Q.O.D.</b>						
	<b>Make</b>			<b>Model</b>		<b>Serial No.</b>		<b>Make</b>		<b>Model</b>		<b>Serial No.</b>
	<b>Time to trip through test connection<sup>1,2</sup></b>		<b>Water Pressure</b>		<b>Air Pressure</b>		<b>Trip point air pressure</b>		<b>Time water reached test outlet<sup>1,2</sup></b>		<b>Alarm operated properly</b>	
	<b>Without Q.O.D.</b>		<b>Minutes</b>		<b>Seconds</b>		<b>psi</b>		<b>psi</b>		<b>psi</b>	
	<b>With Q.O.D.</b>											
If no, explain												
<b>Deluge and preaction valves</b>	Operation <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic											
	Piping Supervised <input type="checkbox"/> Yes <input type="checkbox"/> No					Detecting media supervised <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Does valve operate from the manual trip, remote or both control								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Is there an accessible facility in each circuit for testing? If no, explain								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Make					Model						
	Does each circuit operate supervision loss alarm?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Does each circuit operate valve release?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Maximum time to operate release						_____ Minutes			_____ Seconds		
<b>Pressure reducing valve test</b>	Location and floor					<b>Static Pressure</b>		<b>Residual pressure (flowing)</b>		<b>Flow Rate</b>		
	Make and model					Inlet (psi)	Outlet (psi)	Inlet (psi)	Outlet (psi)	Flow (gpm)		
	Setting											
<b>Test description</b>	<p><u>Hydrostatic:</u> Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for 2 hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for 2 hours. Differential dry-pipe valve clappers shall be left open during the test to prevent damage. All aboveground leakage shall be stopped.</p> <p><u>Pneumatic:</u> Establish 40 psi (2.7 bars) air pressure and measure drop, which shall not exceed 1 ½ 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 ½ psi (0.1 bars) in 24 hours.</p>											

<sup>1</sup>Measured from time inspector's test connection is opened  
<sup>2</sup> NFPA 13 only requires 60-second limitation in specific sections



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<b>Tests</b>	All piping hydrostatically tested at _____ psi (_____ bar) for _____ hours			
	Dry piping pneumatically tested	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state reason:	
	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 gauge located near water supply test connection: _____ psi (_____ bar)		
		Residual pressure with valve test in connection open wide: _____ psi (_____ bar)		
	Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping: Verified by copy of the Contractor's Material and Test Certificate for Underground Piping Explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Other
	Flushed by installer of underground sprinkler piping			<input type="checkbox"/> Yes <input type="checkbox"/> No
If powder-driven fasteners are used in concrete, has representative sample testing been satisfactorily completed? If no, explain			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Blank testing gaskets</b>	Number Used	Locations	Number removed	
<b>Welding</b>	Welding piping <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
	If yes...			
	Do you certify as the sprinkler contractor that welding procedures comply with the minimum requirements of at least AWS B2.1, ASME Section IX <i>Welding and Brazing Qualifications</i> , or other applicable qualification standard as required by the AHJ?			<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, ASME Section IX <i>Welding and Brazing Qualifications</i> , or other applicable qualification standard as required by the AHJ?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you certify that welding was conducted in compliance with a documented quality control procedure to ensure that (1) all discs are retrieved, (2) that openings in piping are smooth, that slag and other welding residue is removed, (3) that the internal diameters of piping are not penetrated; (4) completed welds are free from cracks, incomplete fusion, surface porosity greater than 1/16 in. diameter, undercut deeper than the less of 25% of the wall thickness or 1/31 in.; and (5) completed circumferential butt weld reinforcement does not exceed 3/32 in.?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cutouts (discs)</b>	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	
<b>Hydraulic data nameplate</b>	Nameplate provided If no, explain		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sprinkler contractor removed all caps and straps?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Remarks</b>	Date left in service with all control valves open			



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<b>Signatures</b>	Name of sprinkler contractor		
	<b>Tests witnessed by</b>		
	Property owner or their authorized agent (signed)	Title	Date
	Installing contractor (signed)	Title	Date

**Additional explanations and notes:**