



UPPER DARBY TOWNSHIP FIRE DEPARTMENT

FIRE MARSHAL'S OFFICE

***Only this document will be accepted by the Upper Darby Township Fire Prevention Division for annual testing purposes as required by the Pennsylvania Uniform Fire Safety Code and applicable N.F.P.A. Standards*

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	DATE
PROPERTY ADDRESS	
	ACCEPTED BY APPROVING AUTHORITIES (NAMES)
PLANS	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	AUTOMATIC-DRY <input type="checkbox"/> YES AUTOMATIC-WET <input 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 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 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 _____ RESIDUAL PSI _____ FLOW IN _____ GPM
HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES?	<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 SHUT-OFF LOCATION _____ NUMBER OF STANDPIPE RISERS _____ DO ALL STANDPIPE RISERS HAVE BASE OF RISER SHUT-OFF VALVES? <input type="checkbox"/> YES <input type="checkbox"/> NO
VALVE SUPERVISION	LOCKED OPEN <input type="checkbox"/> SEALED AND TAGGED <input type="checkbox"/> TAMPERPROOF SWITCH <input type="checkbox"/> OTHER <input type="checkbox"/> IF OTHER, _____
PIPE AND FITTINGS	TYPE OF PIPE _____ TYPE OF FITTINGS _____
BACKFLOW PREVENTOR	A) DOUBLE CHECK ASSEMBLY <input type="checkbox"/> SIZE _____ MAKE AND MODEL _____ B) REDUCED-PRESSURE DEVICE <input type="checkbox"/>



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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 <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN _____						
TIME WATER REACHED REMOTE HOSE VALVE OUTLET _____ MIN _____ SEC HYDRAULIC ACTIVATION <input type="checkbox"/> YES ELECTRIC ACTIVATION <input type="checkbox"/> YES PNEUMATIC ACTIVATION <input type="checkbox"/> YES MAKE AND MODEL OF ACTIVATION DEVICE _____ EACH ACTIVATION DEVICE TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN _____						
EACH ACTIVATION DEVICE OPERATED PROPERLY <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN _____						



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TEST DESCRIPTION	<p>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.</p> <p>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.</p>		
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT _____ PSI 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 READING OF GAUGE LOCATED NEAR WATER TEST SUPPLY TEST CONNECTION _____ PSI	RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ 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 type="checkbox"/> YES <input type="checkbox"/> NO OTHER EXPLAIN FLUSHED BY INSTALLER OF UNDERGROUND STANDPIPE PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO		
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 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 type="checkbox"/> YES <input type="checkbox"/> NO		
HYDRAULIC DATA NAMEPLATE	NAME PLATE PROVIDED IF NO, EXPLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO		
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			