



State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 512-676-6800 | tdi.texas.gov/fire

SF041 | 0322

Contractor's Material and Test Certificate for Aboveground Piping

Procedure:

Upon completion of the work, inspections, 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 leave the job for the final time.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for the approving authorities, owners, and the contractor. It is understood 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 approving authorities' requirements or local ordinances.

Property name			Date	
Property address		City	State	Zip

Plans	Accepted by approving authorities (names)				
	Address		City	State	Zip
	Installation conforms to accepted plans. <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment used is approved. <input type="checkbox"/> Yes <input type="checkbox"/> No		

If no, explain deviations:

Instructions	Has the person in charge of the fire equipment been instructed as to location of the control valves and the care and maintenance of this new equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, explain:			
	Have copies of the following been left on the premises?			
	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			

Location of System	Supplies buildings:
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	Make	Model	Year of Manufacture	Orifice Size	Quantity	Temperature Rating
Sprinklers						

Pipe and Fittings	Type of pipe:
	Type of fittings:

	ALARM DEVICES			Maximum time to operate through test connection	
	Type	Make	Model	Minutes	Seconds
	Alarm Valve or Flow Indicator				

	DRY VALVE			Q.O.D.				
	Make	Model	Serial No.	Make	Model	Serial No.		
	Dry Pipe Operating Test		Time to trip through test connection ^{1,2}	Water Pressure	Air Pressure	Trip Point Air Pressure	Time water reached test outlet ^{1,2}	Alarm operated properly
			Minutes Seconds	psi	psi	psi	Minutes Seconds	Yes No
Without Q.O.D.								
With Q.O.D.								
	If no, explain:							

Deluge & Preaction Valves	Operation: <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic					
	Piping supervised: <input type="checkbox"/> Yes <input type="checkbox"/> No			Detection media supervised: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does valve operate from the manual trip, remote, or both control stations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Is there an accessible facility in each circuit for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If no, explain:					
		Make	Model	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?	Maximum time to operate release?
			Yes No	Yes No	Minutes	Seconds

¹ Measured from time inspector's test connection is opened.

² NFPA 13 only requires the 60-second limitation in specific sections

Pressure Reducing Valve Test	Location & Floor	Make & Model	Setting	STATIC PRESSURE		RESIDUAL PRESSURE (flowing)		FLOW RATE	
				Inlet (psi)	Outlet (psi)	Inlet (psi)	Outlet (psi)	Flow (GPM)	
Test Description	<p>Hydrostatic: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure of more than 150 psi (10.2 bars) for two 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 bars) air pressure and measure drop, which shall not exceed 1-1/2 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 1-1/2 psi (0.1 bars) in 24 hours.</p>								
Tests	All pipe hydraulically tested at: _____ psi (____ bar) for _____ hrs. Dry Pipe 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 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 gage located near water supply test connection _____ psi (____ bar)			Residual pressure with valve in test connection wide open _____ psi (____ bar)				
	Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping? <input type="checkbox"/> Yes <input type="checkbox"/> No Verified by copy of the Contractor's Material & Test Certificate for Underground Piping. <input type="checkbox"/> Yes <input type="checkbox"/> No OR Flushed by installer of underground sprinkler piping. <input type="checkbox"/> Yes <input type="checkbox"/> No Other, explain:								
	If powder driven fasteners are used in concrete, has a representative sample testing been satisfactorily completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:								
Blank Testing Gaskets	Number used:		Locations				Number removed:		
Welding	Welded piping: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you certify as the sprinkler contractor that welding procedures comply with the requirements of at least AWS B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you certify that the welding was performed by welders qualified in compliance with the requirements of at least AWS B2.1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you certify that the 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 (disks) are retrieved? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Hydraulic Data Nameplate	Nameplate provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:								
Remarks	DATE left in service with all control valves open: _____ _____ _____								
Signature	Name of sprinkler contractor					Certificate of Registration number SCR-			
	Contractor's address				City	State	ZIP		
	Tests witnessed by:								
	Property owner signature				Title		Date		
Sprinkler contractor signature				Title		Date			
Additional explanation and notes:									

Responsible Managing Employee (RME) Certification	I verify that the information on this certificate is true and correct. I verify that this sprinkler system was installed according to Chapter 6003 of the Texas Insurance Code and Section 34.700 of Texas Administrative Code, Title 28, the Fire Sprinkler Rules.						
	RME signature						
	RME name (print or type)						
	RME license number					Date	

Distribution: Original COPY 1 Posted at site or given to owner. COPY 2 for the installing company on file and available for SFMO.
 COPY 3 for the local approving authority within 10 days after completion.