



**CONTRACTOR'S MATERIAL AND TEST CERTIFICATE  
FIRE SPRINKLER SYSTEMS**

Type of Work: <input type="checkbox"/> New Installation <input type="checkbox"/> Test/Inspection <input type="checkbox"/> Repair	Date: <input style="width:100%;" type="text"/>
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**Premise Information**

Name of facility:		
Physical Address:		
Mailing Address:		
Contact Person:	Title:	Phone:
Occupancy Type: Retail <input type="checkbox"/> Office <input type="checkbox"/> Assembly <input type="checkbox"/> Industrial <input type="checkbox"/> Storage <input type="checkbox"/> Other:		
Previous Type: Retail <input type="checkbox"/> Office <input type="checkbox"/> Assembly <input type="checkbox"/> Industrial <input type="checkbox"/> Storage <input type="checkbox"/> Other:		
Modifications since last inspection: Yes <input type="checkbox"/> No <input type="checkbox"/> Description:		
Special hazards: Haz. Materials <input type="checkbox"/> High Rise (≥ 7 stories) <input type="checkbox"/> Storage > 12' <input type="checkbox"/> Other:		

**Contractor Information**

Company Name:	WA Cont. Lic. No.:
Address:	Phone Number:
Tech. Name:	
Listed Company <input type="checkbox"/> Yes <input type="checkbox"/> No   Listing Agency:	Listing No.:

**System Information**

System location:		
As-built plans at riser	Yes	No
Hydraulic design information sign at riser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General information sign at riser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
System component instructions on premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Care and maintenance instructions on premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of NFPA 25 provided on premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### General Inspection

	Yes	No	NA		Yes	No	N/A
System in service at inspection				Tamper Switches Operate			
PIV Locked/Tamper Open							
Valves Operational and Accessible				Spare Heads in Cabinet			
Cont. Valve Locked/Tamper Open				Head Temp. Appropriate			
Backflow Valve Locked/Tamp. Open				Heads Clean and Paint Free			
Valve Area Accessible				Head Wrench in Cabinet			
Main Check Valve Holds Pressure				Cooler Head Ice Free			
Alarm Ck. Valve Ext. Free of Damage				Heads Leak/Damage Free			
Trim Piping Leak Tight				Heads Unobstructed			
Trim Valves in Appropriate Position				Storage >18" Below Heads			
Alarm Test Line Valve Closed				Stand. Heads < 50 yrs Old			
FDC Plainly Visible				Res. Heads < 20 yrs Old			
FDC Easily Accessible				Wet Pipes Properly Heated			
FDC Swivels Non-Binding				System Appears Leak Free			
FDC Capped/Plugged				CSC Head Replace. Needed			
FDC Ck. Valve Drip Free				As-Builts At Riser			
Ext. Alarms Properly Identified				Riser Room Identified			
Ext. Alarms Operate				Pipes Support Other Material			
Interior Alarms Operate				All Escutcheons In Place			
Flow Switch Operates							

### Main Drain Test

Sprinkler Supply Static Pressure	psi	Sprinkler Supply Residual Pressure	psi		
			Yes	No	N/A
Main drain flow test with _____ inch valve full open					
Water flow alarm devices activated					
Interior alarms operating properly					
Gauges operating properly					
Alarm supervising company received signal properly					
Alarm panel reset properly					
Alarm panel clear					
System left in service					
Comments					
<b>(Fully Explain All No Answers)</b>					

### Dry Pipe System Inspection

	Yes	No	N/A		Yes	No	N/A
Dry Pipe Valve Damage Free				Compressor Operates			
Trim In Appropriate Position				Oil Level Full			
Alarm Test Valve Closed				Interior Alarms Operate			
Heater Operational				Exterior Alarms Operate			
Hi/Lo Switch Operates				Supervisory Co. Received Signal			
Alarm Press. Sw. Operates				Alarm Panel Reset			
Auto Air Main. Device Operates				Alarm Panel Clear			
Quick Opening Device Tested				System left in service			
Interior of Dry Valve Condition Good							
Priming Water at Proper Level							
Comments							
<b>(Fully Explain All No Answers)</b>							

### Dry Pipe Operating Test

System	Dry Valve						QOD					
	Make		Model		Serial #		Make		Model		Serial #	
	QOD Trip OK	Time to TripThru Test Pipe	Water Pressure	Initial Air Pressure	Trip Point Air Pressure	Water To Test Outlet	Alarm Operated					
	Min   Sec	PSI	PSI	PSI	Min   Sec	Y	N	Y	N			
1												
2												
3												
4												
Comments:												
<b>(Fully Explain All No Answers)</b>												

## Special Systems

Special Systems Provided     Deluge <input type="checkbox"/> Pre-Action <input type="checkbox"/> Other <input type="checkbox"/> _____									
Did the deluge or pre-action valves operate properly during testing?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input type="checkbox"/>	
Did the fire detection devices operate during testing?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input type="checkbox"/>	
Did the supervisory devices operate during testing?				Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input type="checkbox"/>	
Deluge and Pre-Action Valves									
Operation:     Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/>									
Piping Supervised?     Yes <input type="checkbox"/> No <input type="checkbox"/>				Detection Supervised     Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does valve operate from the manual trip and/or remote control stations?     Yes <input type="checkbox"/> No <input type="checkbox"/>									
If no, explain:									
Is there an accessible facility in each circuit for testing?     Yes <input type="checkbox"/> No <input type="checkbox"/>									
Make	Model	Does each circuit operate supervision loss alarm?		Does each circuit operate valve release		Maximum time to operate release			
		Yes	No	Yes	No	Min.	Sec.		

Adjustments or corrections made this inspection \_\_\_\_\_

All systems fully operational     Yes      No      Exceptions (explain): \_\_\_\_\_

This certifies that all testing was performed in accordance with applicable NFPA and IFC Standards.

Inspector Signature	Print Name	Date
For (Testing Company Name)		
Signature of Owner or Representative	Print Name	Date
For (Owner Company Name)		

### Instructions

Upon completion of work, all inspections and tests required by NFPA 13, 13R, and 25, and the City of Gig Harbor shall be made by the contractor's representative and witnessed by an owner's representative, and this Contractors Material and Test Certificate shall be completed and signed by both representatives. One copy of the completed test certificate shall be provided to the owner and one copy shall be provided by the contractor to the fire marshal at the time of final test and inspection. For periodic tests and inspections of existing systems, one copy of this certificate shall be provided to the owner and one copy shall be submitted electronically to Gig Harbor Fire & Medic One at [inspections@gigharborfire.org](mailto:inspections@gigharborfire.org)