

Texas Department of Insurance

State Fire Marshal's Office Mail Code 112-FM 333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221 512-305-7900 • 512-305-7922 fax • www.tdi.texas.gov

Contractor's Material and Test Certificate for Underground Piping

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.

	 e filled out and signed by both representatives. Copies shall be prepared for app tive's signature in no way prejudices any claim against contractor for faulty mate cal ordinances. 									
Property Name		Date								
Property Address		City			State	Zip				
	Accepted by approving authorities (names)									
PLANS	Address									
	Installation conforms to accepted plans Equipment used is approved If no, state deviations			Yes Yes			No No			
INSTRUCTIONS	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			Yes			No			
	Have copies of appropriate instructions and care and maintenace charts been left on premises? If no, explain			Yes			No			
LOCATION	Supplies buildings									
UNDERGROUND PIPES AND JOINTS	Pipe types and class	Type joints								
	Pipe conforms to Standard Fittings conform to Standard If no, explain Standard			Yes Yes			No No			
	Joints needed anchorage clamped, strapped or blocked in accordance withstandard If no, explain			Yes			No			
	FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 390 GPM (1476 L/min) for 4-inch pipe, 880 GPM (3331 L/min) for 6-inch pipe, 1560 GPM (5905 L/min) for 8-inch pipe, 2440 GPM (9235 L/min) for 10-inch pipe, and 3520 GPM (13323 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.									
TEST DESCRIPTION	HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure In excess of 150 psi (10.3 bars) for two hours.									
	LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 quarts per hour (1.89 L/hr) per 100 joints irrespective of pipe diameter. The leakage shall be distributed over all joints. If such leakage occurs at a few joints, the installation shall be considered unsatisfactory and necessary repairs made. The amount of allowable leakage specified above can be increased by 1 fl oz per inch valve diameter per hour (30 mL/25 mm/hr) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open so the hydrants are under pressure, an additional 5 oz per minute (150 mL/min) leakage is permitted for hydrant.									
FLUSHING	New underground piping flushed according to standard by (company) If no, explain			Yes			No			
	How flushing flow was obtained Public water Tank or reservoir	-ire pump	Hydrant I	•	vhat type of		g Open pipe			
TESTS	Lead-ins flushed according to standard by (company) If no, explain			Yes			No			
	How flushing flow was obtained Public water Tank or reservoir	-ire pump	Through what type of opening							

HYDROSTATIC	All new underground piping hydrostatically tested at					Joints covered					
TEST		psi	for		hours			Yes			No
	Total amount of leakage mea	asured									
LEAKAGE		gallons			hours						
TEST	Allowable leakage										
		gallons			hours						
HYDRANTS	Number installed		Type and	make			All oper	ate satisfacto	orily		
								Yes			No
CONTROL VALVES	Water control valves left wide If no, state reason	e open					Yes	🗆 No			
	Hose threads of fire departm		s and hydrar	nts interchangeable with	those of	_					
	the fire department answerin						Yes	🗆 No			
REMARKS	Date left in service										
	Name of installing contractor					C of	R No.	SCR-			
	Contractor's Address				City			State	Zip		
Signature											
				Tests witness	ed by						
	For property owner (signed)				Titl	e			Date		
	For Installing contractor (sigr	ned)			Titl	e			Date		
Additional explanation and notes											

 RME
 I certify that the information herein is true and that this portion of the sprinkler system was installed in accordance with Chapter 6003, Texas Insurance Code and the rules and standards adopted by the State Fire Marshal's Office.

 RME
 Responsible Managing Employee (signature)

 Responsible Managing Employee (print or type name)
 Responsible Managing Employee (print or type name)

 RME License Number
 Date

 DISTRIBUTION:
 Original COPY 1 Posted at site or give to owner

TION: Original COPY 1 Posted at site or give to owner COPY 2 for the installing firm in file accessible to SFM COPY 3 for local approving authority within 10 days after completion