DRY PIPE OPERATING TEST

DRY VALVE			QUICK OPENING DEVICE		
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.

	TIME TO TRIP THRU TEST CONNECTION		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY	
	MIN	SEC	PSI	PSI	PSI	MIN	SEC	YES	NO
WITHOUT Q.O.D.									
WITH Q.O.D.									

IF NO, EXPLAIN

DELUGE & PREACTION VALVES

OPERATION ☐ PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC

PIPING SUPERVISED ☐ YES ☐ NO | DETECTING MEDIA SUPERVISED ☐ YES ☐ NO

DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? ☐ YES ☐ NO

IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? ☐ YES ☐ 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	YES	NO

TEST DESCRIPTION

HYDROSTATIC: Hydrostatic levels shall be made at not less that 200 psi (13.6 bars) for two hours of 50 psi (3.4 bars) above static pressure in excess of 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.

PNEUMATIC: 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

TESTS

ALL PIPING HYDROSTATICALLY TESTED AT 200 FOR 2 HRS ☐ YES ☐ NO
DRY PIPING PNEUMATICALLY TESTED X YES ☐ NO
EQUIPMENT OPERATES PROPERLY

IF NO, STATE REASON

DO YOU CERTIFY AS THE SPRINKLER SYSTEM 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? X YES ☐ NO

DRAIN TEST	READING OF GAGE LOCATED NEAR WATER 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 SPRINKLER PIPING.
VERIFIED BY COPY OF THE U FORM NO 85B x YES ☐ NO

FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING x YES ☐ NO
IF NO, EXPLAIN

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED

WELDING

WELDED PIPING X YES ☐ NO IF YES, COMPLETE BELOW

DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3?	X YES ☐ 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?	X YES ☐ 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?	X YES ☐ NO

CUTOUTS (DISCS)

DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? X YES ☐ NO

FUNCTIONAL FLOW TEST

DOES AHJ *REQUIRE* A FUNCTIONAL FLOW TEST OF RESIDENTIAL SPRINKLERS? ☐ YES ☒ NO

WERE FUNCTIONAL FLOW TEST RESULTS SATISFACTORY? ☐ YES ☒ NO

HYDRAULIC DATA NAMEPLATE

NAME PLATE PROVIDED X YES ☐ NO | IF NO, EXPLAIN

REMARKS

DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:

SIGNATURES

NAME OF SPRINKLER CONTRACTOR		DATE
Alliance Fire Protection	Ron Mitchell	9-7-23

TESTS WITNESSED BY

PROPERTY OWNER OR REPRESENTATIVE	TITLE	DATE
Scott Mong	Supt	9-7-23

CONTRACTORS' MATERIALS & TEST REPORT FOR A BOVEGROUND PIPING

PROCEDURE
Upon completion of work, inspection and test 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
Westlake Lee's Summit	9-7-23
PROPERTY ADDRESS	
3511 SW Market St. Lee's Summit MO 64082	

PLANS

ACCEPTED BY APPROVING AUTHORITIES (NAME)
Lee's Summit

ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS — X YES ☐ NO
EQUIPMENT USED IS APPROVED — X YES ☐ NO
IF NO, EXPLAIN DEVIATION

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTOL VALVE AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? — X YES ☐ NO
IF NO, EXPLAIN

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:
1. SYSTEM COMPONENTS INSTRUCTIONS — X YES ☐ NO
2. CARE AND MAINTENANCE INSTRUCTIONS — X YES ☐ NO
3. NFPA 13 — X YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BUILDINGS

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
Viking	VK300	2022	1/2	121	175
Viking	VK302	2022	1/2	8	175
Tyco	TY3335	2022	1	12	175

PIPE AND FITTINGS

TYPE OF PIPE
Sch. 10 & Sch. 40,

TYPE OF FITTINGS
Ductile iron,

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
TYPE	MAKE	MODEL	MINUTES	SECONDS
Flow	Potter	VSF-R		