

1052-0320827

CERTIFICATION OF WORK SERVICE CALL

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY070

Date of Visit: 28 JAN 25

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>DAN DAVIS</u> | 4. _____ |
| 2. <u>AL THOMPSON</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 99008

WO# 16852

Description of Repairs

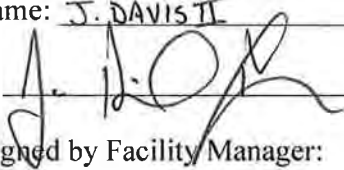
- TEST (2) FDC'S
- REPLACE (2) ~~HEADS~~ SPRINKLER HEADS IN 1ST FLR WOMENS AND 1ST FLR MENS LOCKER ROOM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. DAVISTE

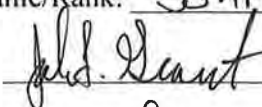
Date: 28 JAN 25

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: John F. Granata AFOS Date: 01/28/2025

Signed: 

E-Mail: john.f.granata.cfe@army.mil

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

1052-0320827

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

USAR NY070 Building 2

DATE

1/28/25

515 Ridge Rd Bldg 2, Webster, NY 14580

PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES)	
	ADDRESS	
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT IS APPROVED IF NO, EXPLAIN DEVIATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> 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		<input type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES 1. SYSTEM COMPONENTS INSTRUCTIONS 2. CARE AND MAINTENANCE INSTRUCTIONS 3. NFPA 25		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

LOCATION OF SYSTEM	SUPPLIES BUILDINGS
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SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURER	ORIFICE SIZE	QUANTITY	TEMP. RATING

PIPE AND FITTINGS	TYPE OF PIPE
	TYPE OF FITTINGS:

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN	SEC.

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.			
	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.		
		TIME TO TRIP* THROUGH TEST CONN.	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							

* MEASURED FROM THE TIME INSPECTOR'S TEST CONNECTION IS OPENED

(OVER)

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		DETECTING MEDIA SUPERVISED	
			<input type="checkbox"/> YES		<input type="checkbox"/> NO			
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
TEST DESCRIPTION	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	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		MIN SEC	
	<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 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.</p> <p>FLUSHING: Flow the required rate until water is clear as indicated by collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe, and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</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 (0.1 bars) in 24 hours.</p>							
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT		150 PSI FOR 2 HRS		IF NO, STATE REASON			
	DRY PIPING PNEUMATICALLY TESTED		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5th Year Fire Dept. Connection and Associated piping tested.			
	EQUIPMENT OPERATES PROPERLY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DRY TEST	READINGS OF GAUGE LOCATED NEAR WATER SUPPLY TEST PIPE:				RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE		
BLANK TESTING GASKETS	STATIC PRESSURE:		PSI		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		<input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER EXPLAIN			
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING		<input type="checkbox"/> YES <input type="checkbox"/> NO					
HYDRAULIC DATA NAMEPLATE	NUMBER USED	LOCATIONS				NUMBER REMOVED		
	0					0		
	WELDED PIPING <input type="checkbox"/> YES <input type="checkbox"/> NO							
	IF YES.							
REMARKS	DO YOU CERTIFY AS THE SPRINKLER 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							
SIGNATURES	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE 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							
	NAMEPLATE PROVIDED		IF NO, EXPLAIN					
	<input type="checkbox"/> YES <input type="checkbox"/> NO							
DATE LEFT IN SERVICE WITH ALL CONTROL VALVE OPEN:								
FDC PASSED HYDRO								
NAME OF SPRINKLER CONTRACTOR: DAVIS-ULMER								
TESTS WITNESSED BY								
FOR PROPERTY OWNER (SIGNED)				TITLE		DATE		
				AFOS		25 JAN 28		
FOR SPRINKLER CONTRACTOR (SIGNED)				TITLE		DATE		
				SERVICE TECH		25 JAN 28		
ADDITIONAL EXPLANATION AND NOTES								

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

1052-0320827

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

USAR NY070 Building 44201

DATE

12/1/05

515 Ridge Rd Bldg 44201, Webster, NY 14580

PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES)	
	ADDRESS	
	INSTALLATION CONFORMS TO ACCEPTED PLANS <input type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT IS APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN DEVIATIONS	

INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND 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 <input type="checkbox"/> YES <input type="checkbox"/> NO 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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SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURER	ORIFICE SIZE	QUANTITY	TEMP. RATING

PIPE AND FITTINGS	TYPE OF PIPE
	TYPE OF FITTINGS:

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
	TYPE	MAKE	MODEL	MIN.	SEC.

DRY PIPE OPERATING TEST	DRY VALVE				Q.O.D.			
	MAKE		MODEL	SERIAL NO.	MAKE		MODEL	SERIAL NO.
	TIME TO TRIP* THROUGH TEST CONN		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

* MEASURED FROM THE TIME INSPECTOR'S TEST CONNECTION IS OPENED (OVER)

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		DETECTING MEDIA SUPERVISED	
			<input type="checkbox"/> YES		<input type="checkbox"/> NO			
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
TEST DESCRIPTION	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	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		MIN SEC	
	<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 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.</p> <p>All aboveground piping leakage shall be stopped.</p> <p>FLUSHING: Flow the required rate until water is clear as indicated by collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe, and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.</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 (0.1 bars) in 24 hours.</p>							
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT		150 PSI FOR 2 HRS		IF NO, STATE REASON			
	DRY PIPING PNEUMATICALLY TESTED		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		5th Year Fire Dept. Connection and Associated piping tested.			
	EQUIPMENT OPERATES PROPERLY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	DRY TEST	READINGS OF GAUGE LOCATED NEAR WATER SUPPLY TEST PIPE:		RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE				
BLANK TESTING GASKETS	NUMBER USED		LOCATIONS		NUMBER REMOVED			
	0				0			
	WELDED PIPING		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES...			
HYDRAULIC DATA NAMEPLATE	DO YOU CERTIFY AS THE SPRINKLER 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 INSURE 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			
	NAMEPLATE PROVIDED		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN			
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVE OPEN:							
	FDC FAILED TESTING, RECC REPLACEMENT							
SIGNATURES	NAME OF SPRINKLER CONTRACTOR: DAVIS-ULMER							
	TESTS WITNESSED BY							
	FOR PROPERTY OWNER (SIGNED)				TITLE		DATE	
	FOR SPRINKLER CONTRACTOR (SIGNED)				TITLE		DATE	
				SERVICE TECH		28 JAN 25		
ADDITIONAL EXPLANATION AND NOTES								