

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. DAN DAVIS
2. AL THOMPSON
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 99008 WO# 16852

Description of Repairs

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. DAVIS II Date: 28 JAN 25

Signed: J. DAVIS II

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: John F. Granata

E-Mail: john.f.granata.cte@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

1/31/25

515 Ridge Rd Bldg 2, Webster, NY 14580

		ACCEPTED BY APPROVING AUTHORITIES (NAMES)							
PLANS	ADDRESS								
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT IS APPROVED IF NO, EXPLAIN DEVIATIONS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	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 checked="" type="checkbox"/> NO				
INSTRUCTIONS	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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	LOCATION OF SYSTEM SUPPLIES BUILDINGS								
SPRINKLERS	MAKE	MODEL	YEAR OF MANUFACTURER	ORIFICE SIZE	QUANTITY	TEMP. RATING			
PIPE AND FITTINGS	TYPE OF PIPE								
	TYPE OF FITTINGS:								
DRY 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		
	WITHOUT Q.O.D.	MIN	SEC	PSI	PSI	MIN	SEC	YES	NO
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	
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING				IF NO, EXPLAIN			
TEST DESCRIPTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES EACH CIRCUIT OPERATE VALVE RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO		MAXIMUM TIME TO OPERATE RELEASE MIN <input type="checkbox"/> SEC <input type="checkbox"/>	
	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. All aboveground piping leakage shall be stopped.							
	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.							
TESTS	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.							
	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					
BLANK TESTING GASKETS	MIN TEST	READINGS OF GAUGE LOCATED NEAR WATER SUPPLY TEST PIPE:		RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE				
	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. 86B		<input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER	EXPLAIN		
FLUSHED BY INSTALLER OF UNDER-GROUND SPRINKLER PIPING		<input type="checkbox"/> YES <input type="checkbox"/> NO						
NUMBER USED	LOCATIONS				NUMBER REMOVED			
0					0			
HYDRAULIC DATA NAMEPLATE	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 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							
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVE OPEN:							
FDC PASSED HYDRO								
SIGNATURES	NAME OF SPRINKLER CONTRACTOR: DAVIS-ULMER							
TESTS WITNESSED BY								
FOR PROPERTY OWNER (SIGNED)		TITLE		AFOS		DATE		
FOR SPRINKLER CONTRACTOR (SIGNED)		TITLE		SERVICE TECH		25 JAN 28		
ADDITIONAL EXPLANATION AND NOTES								

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

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PROCEDURE

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PROPERTY NAME

USAR NY070 Building 44201

DATE

12/1/85

515 Ridge Rd Bldg 44201, Webster, NY 14580

ACCEPTED BY APPROVING AUTHORITIES (NAMES)								
PLANS	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							
	IF NO, EXPLAIN			<input type="checkbox"/> YES <input type="checkbox"/> NO				
	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							
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
WITHOUT Q.O.D.	MIN	SEC	PSI	PSI	PSI	MIN	SEC	
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		
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING				IF NO, EXPLAIN			
TEST DESCRIPTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE	<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. 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			
	TEST	TIME	READINGS OF GAUGE LOCATED NEAR WATER SUPPLY TEST PIPE:				RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE	
	TEST	STATIC PRESSURE	PSI				PSI	
UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING.								
BLANK TESTING GASKETS	VERIFIED BY COPY OF THE U FORM NO. 85B			<input type="checkbox"/> YES	<input type="checkbox"/> NO	OTHER	EXPLAIN	
	FLUSHED BY INSTALLER OF UNDER-GROUND SPRINKLER PIPING			<input type="checkbox"/> YES	<input type="checkbox"/> NO			
HYDRAULIC DATA NAMEPLATE	NUMBER USED	LOCATIONS				NUMBER REMOVED		
	0					0		
REMARKS	WELDED PIPING			<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES...		
							<input type="checkbox"/> YES	<input type="checkbox"/> NO
							<input type="checkbox"/> YES	<input type="checkbox"/> NO
							<input type="checkbox"/> YES	<input type="checkbox"/> NO
							<input type="checkbox"/> YES	<input type="checkbox"/> NO
							<input type="checkbox"/> YES	<input type="checkbox"/> NO
SIGNATURES	NAMEPLATE PROVIDED		IF NO, EXPLAIN					
	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
	DATE LEFT IN SERVICE WITH ALL CONTROL VALVE OPEN:							
	FDC FAILED TESTING RECL REPLACEMENT							
	NAME OF SPRINKLER CONTRACTOR: DAVIS-ULMER							
	TESTS WITNESSED BY							
	FOR PROPERTY OWNER (SIGNED)		TITLE		DATE			
			AFOS		28 JAN 25			
	FOR SPRINKLER CONTRACTOR (SIGNED)		TITLE		DATE			
			SERVICE TECH		28 JAN 25			
	ADDITIONAL EXPLANATION AND NOTES							