

## **Building Department**Township of North Dumfries

106 Earl Thompson Rd. 3rd Floor , P.O. Box 1060, Ayr, ON, N0B 1E0 Telephone: 519.632-8800, Fax: 519.632-8700, www.northdumfries.ca

## **Renovation Sprinkler Verification Certificate**

Upon completion of work inspection and tests shall be made by contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor leaves job.

All work has been completed in accordance with the requirements of NFPA 13.

SIGNATURE:

This certificate shall be filled out and signed by both representatives. Copies shall be prepared for inspecting authorities, owner and contractor. It is understood the owner's representative signature in no way prejudices any claim against contractor for faulty materials, poor workmanship or failure to comply with inspecting authority's requirements or local ordinances.

PROPERTY NAME:					DATE:			
PROPERTY ADD								
LOCATION (unit/t								
Sprinklers	MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING			
Or Spray Nozzles								
Alarm Valve	ALARM DEVICE				MAXIMUM TIME TO OPERATE THROUGH TEST PIPE			
of Flow	TYPE	MAKE	МС	DDEL	MINUTES		SECONDS	
Indicator								
TESTS	All Piping Hydrostatically Tested AtPSIHRS  Dry Piping Pneumatically Tested AtPSIHRS  Equipment Operates Properly: Yes No In no, State Reason:							
Blank Testing Gaskets	NUMBER USED:		LOCATIONS:		NUMBER REMOVED:			
DATE LEFT IN SE	RVICE W	ITH ALL CO	NTROL VAL	VES OPEN _				
			SIGN	NATURES				
NAME OF SPRIN	KLER CON	NTRACTOR	(please print	)				
NAME OF QUALI	FIED SPRI	NKLER INS		ease print)				
PROPERTY OWN	NER OR		CICIALION	<b>-</b> ·				
REPRESENTATIVE (please print)					_TITLE:			