uponor

FIRE SAFETY SYSTEMS

FLOW TEST VERIFICATION

Flow Test Verification

Alliance Member ID Number: _____

Company Name: _____

Contact: _____

Phone: _____

Fax: _____

Job Name: _____

Project Number: _____

Job Address: _____

City: _____

State, ZIP: _____

For designs not provided by Uponor, please list the following information.

Designer's Name: _____

Company: _____

Phone: _____

Fax: _____

All contractors are required to fill out this form and fax it to the Uponor Fire Safety Design Department at 952-997-1731. Failure to do so can result in the nullification of System Warranty. Contact the technical services department at technical.services@uponor.com for further information.

Color of test orifice used: _____

Static Pressure (not flowing) reading at incoming water supply into or at main shutoff: _____

Residual Pressure (flowing) reading at incoming water supply into home or at main shutoff : _____

What time of day was the flow test taken? _____

How many gallons of water ran into the test bucket in 60 seconds? _____

How many gallons of water did the design predict as required? _____

Did the test meet or exceed design flow? ❑ Yes ❑ No

Which sprinkler did you flow? Number: _____

Date left in service with all valves open: _____

Test Witnessed and Verified by:

Name	Signature	Occupation	Date

Additional Explanations and Notes _____

Uponor, Inc.
5925 148th Street West
Apple Valley, MN 55124 USA

Tel: (800) 321-4739
Fax: (952) 891-2008
Web: www.uponor-usa.com

FS_FlowVerifyForm_12-09, Copyright © 2009 Uponor, Printed in the United States