

# AQUASAFE™ FLOW TEST VERIFICATION FORM

Alliance member ID \_\_\_\_\_  
Company name \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Job name \_\_\_\_\_  
Project number \_\_\_\_\_  
Job address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP \_\_\_\_\_

For designs not provided by Uponor Construction Services, complete the following information.

Designer's name \_\_\_\_\_  
Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Is the warning sign permanently attached close to the main shutoff valve? ☐ Yes ☐ No

Was this system required by code? ☐ Yes ☐ No

## Important

The installing contractor must submit this completed form. Failure to do so nullifies the system warranty. Email the completed form to the Uponor Fire Safety Design Department at [design.services@uponor.com](mailto:design.services@uponor.com). For questions, call Uponor Construction Services at 888.594.7726 or email [design.services@uponor.com](mailto:design.services@uponor.com).

K-factor of test orifice used \_\_\_\_\_

Static pressure (not flowing) reading at incoming water supply into the home or at main shutoff \_\_\_\_\_

Residual pressure (flowing) reading at incoming water supply into the home or at main shutoff \_\_\_\_\_

Time of day the flow test was taken \_\_\_\_\_

Flow test method used ☐ Bucket ☐ Flow meter

Flow test gpm \_\_\_\_\_

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 \_\_\_\_\_

Location of head \_\_\_\_\_

Date left in service with all valves open \_\_\_\_\_

## Test witnessed and verified by:

Name	Signature	Occupation	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional explanations and notes

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