



Uponor

FIRE SAFETY SYSTEMS
**AQUASAFE™ FLOW TEST
VERIFICATION**

FORM

AquaSAFE™ Flow Test Verification Form

Alliance
Member ID: _____
Company Name: _____
Contact: _____
Phone: _____
Fax: _____
Job Name: _____
Project Number: _____
Job Address: _____
City: _____
State, ZIP: _____

For designs not provided by Uponor, 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: Installing contractor must submit this completed form. Failure to do so nullifies the system warranty. E-mail or fax completed form to the Uponor Fire Safety Design Department at technical.services@uponor.com or 952.997.1731. For questions, contact Uponor Technical Services at 888.594.7726 or technical.services@uponor.com.

Color of test orifice used: _____

Static pressure (not flowing) reading at incoming water supply into home 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? _____

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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