



Uponor

FIRE PROTECTION SYSTEMS

**UPONOR RESIDENTIAL
FIRE PROTECTION SYSTEM
(FORMERLY AQUASAFE®)**

FLOW VERIFICATION TEST



Flow Verification Test

Alliance
Member ID
Number: _____

Company Name: _____

Contact: _____

Phone: _____

Fax: _____

Job Name: _____

Project Number: _____

Job Address: _____

City: _____

State, ZIP: _____

Color of test orifice used: _____

Manifold pressure reading
before test (static pressure): _____

Manifold pressure reading
during test (residual pressure): _____

Test gauge pressure on test connector
before test (static pressure): _____

Test gauge pressure on test connector
during test (residual pressure): _____

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: _____

**After completing this form, please fax it to
the Uponor Fire Protection Design department
at (952) 891-1115.**

Test Witnessed and Verified by:

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

Additional Explanations and Notes _____

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