

**INSPECTION, TESTING, AND CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PA035 Date of Visit: 04/12/18

Contractor Personnel on Site:

4.	<u>Collins Plumbing and Heating</u>	4. _____
5.	_____	5. _____
6.	_____	6. _____

**Work Performed:**

**Inspection, Testing, and Certification**

5.	<u>Backflow Prevention Testing (Qty 1) (Annual)</u>
6.	<u>WO 3372</u>
7.	_____
8.	_____

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## COLLINS PLUMBING AND HEATING

4 Oak Grove Street  
Oil City, PA 16301  
Phone: 814-677-0216 Fax: 814-677-6603  
PA 002885  
email: collins@cphoc.com

ASSE Standard 1013 Field Test Report  
Backflow Prevention Assembly Inspection and Maintenance Form

Customer Name: Army Reserve/Franklin Phone #: 412-477-7816

Address: Airport Rd

City: Franklin State: PA Zip Code: 16323

Manufacturer of Device: Watts Model #: 909M101 RP

Serial #: 392232 Size: 1 1/4" Date installed MFG Date 05-07-08

Location of assembly and equipment of system application: Mechanical Room

Test Equipment Manufacturer: Apollo M #: 40-200-TK5U S #: 06071428 Date Calibrated: 04-12-18

	Check Valve #2	Shutoff Valve #2	Check Valve #1	Pressure Differential Relief Valve
<b>Initial Test</b>	Leaking ( ) Closed Tight ( X )	Leaking ( ) Closed Tight ( X )	Leaking ( ) Closed Tight ( X ) Pressure Drop Across Check Valve # 1 ____ 6.8 ____ psid	Opened at ____ 4.3 ____ psid
<b>Describe Parts and Repairs When Needed</b>				
<b>Final Test</b>	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( )	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #1 ____ psid	Opened at ____ psid

Static Line Pressure: 75 PSI Assembly final test performance: Pass ( X ) Fail ( )

Date of Test: 04 - 26 - 18 Time: 9:35 AM

Certified Tester: Leroy Collins Signature of Tester Leroy J. Collins

License # PRWA-00336 Certification # ASSE-13493

Remarks: \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

Owner Print: \_\_\_\_\_ Title: \_\_\_\_\_