

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

FACID/Building: NY052

Date of Visit: 3/13/18

Contractor Personnel on Site:

4. <u>Adam Jones</u>	4. _____
5. _____	5. _____
6. _____	6. _____

Work Performed:

Inspection, Testing, and Certification

5. <u>Backflow Prevention Testing (Qty <u>2</u>) (Annual)</u>
6. <u>CSS 12439 WO 3086</u>
7. _____
8. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Adam Jones Date: 3/13/18

Signed: Adam Jones

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: John F. Granata AFOS Date: 28 MAR 18

Signed: John F. Granata

E-Mail: john.f.granata.ctr@mail.mil

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2018

- ☐ Initial test - Complete entire form
☒ Annual test - Complete Part A only

Public Water Supply <u>Village of Penn Yan</u>		Account No.		County <u>Yates</u>	Block	Lot
Facility Name <u>Army Reserve Center</u>				Location of Device <u>Boiler Room</u>		
Address <u>198 Cornwell</u>		City <u>Penn Yan</u>		Zip		
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> PCV	Model <u>909</u>	Size (in inches) <u>3/4"</u>	Serial Number <u>259199</u>	
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Opened at <u>2.8</u> psid	
	Pressure drop across first check valve <u>15</u> psid				Date <u>03</u> <u>13</u> <u>18</u> M D Y	
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: _____ M D Y	
	Closed tight <input type="checkbox"/> Pressure drop across first check valve _____ psid		Closed tight <input type="checkbox"/>		Opened at _____ psid Date _____ M D Y	
Water Meter Number <u>95624234</u>		Meter Reading <u>1220900</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic • Fire • Other <u>Boiler make-up</u>		
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)						
Certification: This device <input checked="" type="checkbox"/> meets, • <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct. <u>Adam Jones</u> <u>8353</u> <u>Adam Jones</u> <u>7.31.2018</u> Print Name Certified Tester No. Signature Expiration Date						
Property owners (or owners agent) certification that test was performed: <u>John F. Granata</u> <u>AFO</u> <u>John F. Granata</u> <u>(585) 670-5314</u> Print Name Title Signature Telephone						

PART B

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name	Title	Date	NYS DOH Log #
License Number	Phone ()	m d y	
Representing	Describe minor installation changes		
Address			
City	State	Zip	
Signature			

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

DOH-1013(9/91)

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year _____

- ☐ Initial test - Complete entire form
☐ Annual test - Complete Part A only

Public Water Supply <u>Village of Penn Yan</u>		Account No.		County <u>Yates</u>	Block	Lot												
Facility Name <u>Army Reserve Center</u>				Location of Device <u>Boiler Room</u>														
Address <u>198 Cornwell Rd Penn Yan NY</u> Street City Zip																		
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>909</u>	Size (in inches) <u>2"</u>	Serial Number <u>754440</u>													
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi														
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.6</u> psid	Date <table border="1"><tr><td>0</td><td>3</td><td>1</td><td>3</td><td>1</td><td>8</td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>			0	3	1	3	1	8	M	D	Y			
	0	3	1	3	1	8												
M	D	Y																
Pressure drop across first check valve <u>15</u> psid																		
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>									M	D	Y			
M	D	Y																
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td colspan="3"></td></tr></table>									M	D	Y			
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License Number	Phone ()	m d y	
Representing		Describe minor installation changes	
Address			
City	State Zip		
Signature			

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DOH-1013(9/91)





**FLOW PREVENTION DEVICE
CERTIFICATION**

Inspected By	Date	Tested By
CLYDE	10/1/2011	CLYDE

Test Point	Test Date	Test Result
1	10/1/2011	Pass
2	10/1/2011	Pass
3	10/1/2011	Pass
4	10/1/2011	Pass
5	10/1/2011	Pass
6	10/1/2011	Pass
7	10/1/2011	Pass
8	10/1/2011	Pass
9	10/1/2011	Pass
10	10/1/2011	Pass
11	10/1/2011	Pass
12	10/1/2011	Pass
13	10/1/2011	Pass
14	10/1/2011	Pass
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94	10/1/2011	Pass
95	10/1/2011	Pass
96	10/1/2011	Pass
97	10/1/2011	Pass
98	10/1/2011	Pass
99	10/1/2011	Pass
100	10/1/2011	Pass