

**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:

1. Adam Jones 4. \_\_\_\_\_  
5. \_\_\_\_\_ 5. \_\_\_\_\_  
6. \_\_\_\_\_ 6. \_\_\_\_\_

Work Performed:

**Inspection, Testing, and Certification**

5. Backflow Prevention Testing (Qty 2) (Annual)  
6. CSS 12439 WO 3086  
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: J. 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 <u>2018</u> <input type="checkbox"/> Initial test - Complete entire form <input checked="" type="checkbox"/> Annual test - Complete Part A only				
Public Water Supply <u>Village of Penkun</u>		Account No.		County <u>Tates</u>	Block	Lot
Facility Name <u>Army Reserve Center</u>		Location of Device <u>Boiler Room</u>				
Address <u>198 Cornwell Penkun</u> Street <u>City</u> <u>Zip</u>						
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	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	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>2.8</u> psid	Date <u>03 13 18</u> M D Y	
	Pressure drop across first check valve <u>15</u> psid					
Describe repairs and materials used					Repaired by Name _____ Lic # _____ Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>03 13 18</u> M D Y	
	Pressure drop across first check valve _____ psid					
Water Meter Number <u>95624234</u>		Meter Reading <u>1220900</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other <u>Boiler makeup</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>9353</u> <u>Adam Jones</u> <u>7/31/2018</u> Print Name <u>Adam Jones</u> Certified Tester No. <u>9353</u> Signature <u>Adam Jones</u> Expiration Date <u>7/31/2018</u>						
Property owner(s) (or owner(s) agent) certification that test was performed: <u>John F. Granata</u> <u>AFOS</u> <u>John F. Granata</u> <u>585-670-5314</u> Print Name <u>John F. Granata</u> Title <u>AFOS</u> Signature <u>John F. Granata</u> Telephone <u>585-670-5314</u>						
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						

**Report on Test and Maintenance  
 of Backflow Prevention Device**

<b>PART A</b>		<b>Please use a separate form for each device.</b>			For the year _____	
					<input type="checkbox"/> Initial test - Complete entire form	<input type="checkbox"/> Annual test - Complete Part A only
Public Water Supply <i>Village of Penn Yan</i>		Account No.		County <i> Yates</i>	Block	Lot
Facility Name <i>Army Reserve Center</i> , Address <i>198 Cornwall Rd Penn Yan NY</i>		City <i>Penn Yan</i>		Location of Device <i>Boiler Rooms</i>		
Street <i>198 Cornwall Rd</i>		Zip				
Device Information	Manufacturer <i>Watts</i>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <i>909</i>	Size (in inches) <i>2"</i>	Serial Number <i>454440</i>	
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure _____ psi	
Test before repair	Leaked <input checked="" 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  <i>03 13 18</i>	
	Pressure drop across first check valve <u>15</u> psid				M D Y	
Describe repairs and materials used					Repaired by Name _____	
					Lic # _____	
					Date repaired:  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at _____ psid	Date  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y	
	Pressure drop across first check valve _____ psid				M D Y	
Water Meter Number <i>95624234</i>		Meter Reading <i>1220900</i>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic • Fire • Other _____		
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. <i>Adam Jones</i> <i>8353</i> <i>Adam Jones</i> <i>7/31/2018</i> Print Name Certified Tester No. Signature Expiration Date						
Property owner's (or owner's agent) certification that test was performed: <i>John F. Granata</i> <i>AFOS</i> <i>John F. Granata</i> <i>586 620 5314</i> 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)



