

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

INSPECTION, TESTING, AND CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: DE007

Date of Visit: 06 Mar 2018

Contractor Personnel on Site:

1. Joshua D. Michael

4. _____

2. _____

5. _____

3. _____

6. _____

Work Performed:

Inspection, Testing, and Certification

WO#7192

WO#7193

1. Backflow Prevention Testing (Qty 2) (Annual) Asset 1046 Asset 1061

*1046 2. #1 Flomatic 3" RP2 SN# 00491 CK-1 8.1 CK-2 7.8 Relief 5.5 PSI

3. Static Pressure - 50 PSI shut-off valve #2 closed

*1061 4. #2 Flomatic 1" RP2E SN# G7985 CK-1 6.6 CK-2 7.0 Relief 5.0 PSI

Static pressure 50 PSI shut-off valve #2 closed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joshua D. Michael

Date: 06 Mar 2019

Signed: Josh D. Michael

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Danielle Barrett GS11

Date: 20190306

Signed: Danielle Barrett

E-Mail: danielle.e.barrett@ivcmail.mil

ASSE International

Reduced Pressure Principle Backflow Preventer (RP) ASSE Standard #1013 Field Test Report

Owner of Property US Army Corps Reserve Center
Address 1001 Ogletown Rd.
City Newark State DE Zip Code 19711
Occupant of Property (if different from owner) _____
Occupant Address _____
City _____ State _____ Zip Code _____
Manufacturer of Assembly: Flomatic Model #: RP2
Size of Assembly: 3" Serial #: D0491
Location of Assembly and Equipment or System Application: 1st floor mechanical room.

Test Equipment:

Manufacturer: Wilkins Model #: TG-S Serial #: 893987
Calibration Date: Mar 2018

Date test was performed: 06 Mar 2019 Time test was performed: 1⁰⁰ PM Static Line Pressure: 50 PSI

	Check Valve #2	Shutoff valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Leaking () Closed Tight (✓)	Leaking () Closed Tight (✓)	Leaking () Closed Tight (✓) Pressure Drop Across Check Valve #1 <u>8.1</u> psid	Opened at <u>55</u> psid
Describe parts and repairs when needed				
Final Test	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid

Certified Tester (print) Joshua D. Michael
Address 1150 Paddock Rd
City Smyrna State DE Zip 19977
Phone #: 302 659 1111
License #: DE 2241 Certification # 26486

Assembly Final Test Performance

Pass ☒
Fail ☐

Signature Joshua D Michael Date: 06 Mar 2019

Comments or Recommendations (continue to other side, if needed): _____

