

**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. <u>Joshua D. Michael</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Work Performed:

**Inspection, Testing, and Certification**

W07192 W07193

1. <u>Backflow Prevention Testing (Qty 2) (Annual) Asset 1046 Asset 1061</u>
*1046 2. <u>*1 - Flomatic 3" RP2 SN# 00491 ch-1 8.1 ch-2 - 7.8 Relief. 5.5 psi</u>
3. <u>Static Pressure - 50 PSI shut-off valve #2 - closed</u>
*1061 4. <u>*2 Flomatic 1" RP2E SN# 07985 ch#1- 6.6 ch#2 - 7.0 Relief. 5.0 psi</u>
<u>Static pressure 50 PSI shut-off valve #2 closed</u>

**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, BSN Date: 20190306

Signed: Danielle Barrett

E-Mail: Danielle.e.Barrett.eiv@mail.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 #: RPZ

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: 1:00 PM Static Line Pressure: 50 psf

	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>5.5</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 <u>psid</u>	Opened at <u>psid</u>

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

Signature Joshua D. Michael Date: 06 Mar 2019

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

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