

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

FEMS# _____ WO# _____

Description of Repairs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

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: _____ Date: _____

Signed: Thomas m mcburney

E-Mail: Thomas Mcburney



Carver's Electric, Plumbing, & Heating, Inc.
214 Broughton Avenue
Marietta, OH 45750

JOB INVOICE

30639

740-373-5816 or carversplumbing1946@gmail.com

TO U.S. Army Reserve Center
4605 Carden Ave

TERMS:

PHONE	DATE OF ORDER <u>10-2-25</u>
ORDER TAKEN BY	CUSTOMER'S ORDER NUMBER
<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA	
JOB NAME/NUMBER <u>Mike Dye</u>	
JOB LOCATION	
JOB PHONE <u>740-538-4328</u>	STARTING DATE

DATE COMPLETED

TOTAL MATERIALS

Work ordered by

Signature

I hereby acknowledge the satisfactory completion of the above described work.

GENERAL BACKFLOW ASSEMBLY TESTER INSPECTION FORM

Facility Name: U.S. Army Res. CTR Address: Parkersburg, WV 4605 Canden Ave
 Contact Person: Mike Dye Phone: 740-538-4724

Assembly Information

Make: W.H.J
 Model: 909 MWT
 Size: 2"
 Serial Number: 443701

Installation Information

Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>	
Meter pit Basement <input type="checkbox"/>	Floor Number: _____	
Penthouse <input type="checkbox"/>	Boiler Room <input type="checkbox"/>	Room Number: _____
Mechanical Room <input type="checkbox"/>	Protection Provided: _____	

INITIAL TEST

Double Check Assembly

Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1 st Check Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly

1 st Check Valve		Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/>
Relief Valve Opening Point	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

TEST AFTER REPAIR

Double Check Assembly

Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1 st Check Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly

1 st Check Valve	<u> </u>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	<u> </u> psig	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	<u> </u> psig	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	<u> </u> psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

I certify the above data is correct and the backflow prevention device is in proper working condition.

Full Tester Name (Print): Jerry Miller Date: 10-2-25

Tester Signature: Jerry Miller Certification Number: Level 25180

TK-94

234305

Lat. 1-15-25