

1052-0405179

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: NY126 Date of Visit: 12/29/25

Contractor Personnel on Site:

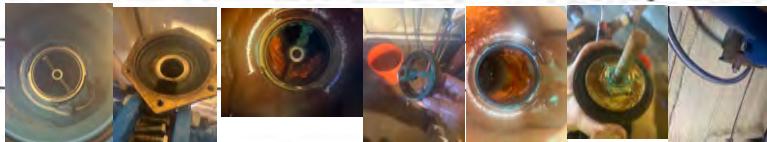
1. Sylus Vazquez
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

FEMS# 3190019 WO# 20307

Description of Repairs

Replaced seats ^{on} ~~on~~ both checkcs and the RV.
Cleaned and flushed device of debris



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sylus Vazquez Date: 12/29/25

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: John F. Granata Date: 12/29/25

Signed: 

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

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2025

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

Public Water Supply <u>MCWA</u>		Account No.	County <u>Monroe</u>	Block	Lot
Facility Name <u>VSAR Vetview</u> Address <u>49 Jetview Dr Bldg D101</u> Street _____ City _____ Zip _____		Location of Device <u>Hot Box</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"</u>	Serial Number <u>193781</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 type="checkbox"/>	Leaked <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				
Describe repairs and materials used	<u>Replaced check seat Removed debris Flushed device flipped rubbers</u>		<u>Replaced check seat Replaced rubbers</u>	<u>Replaced RV seat Removed RV plug Replaced RV assembly</u>	Repaired by Name <u>Sylus Vazquez</u> Lic # <u>15090</u> Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Final test	Closed tight <input checked="" type="checkbox"/> Pressure drop across first check valve <u>6.4</u> psid	Closed tight <input type="checkbox"/>		Opened at <u>3.2</u> psid	Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Water Meter Number <u>60774456</u>	Meter Reading <u>00849154.5</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> 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 meets, does NOT meet, the requirements of an acceptable containment device at the time of testing.

I hereby certify the foregoing date to be correct.

Sylus Vazquez
Print Name

Certified Tester No.

15090

Sylus Vazquez
Signature

05/31/26
Expiration Date

Property owner's (or owner's agent) certification that test was performed:

Joh. F. Granata
Print Name

Title

AFOS

Joh. F. Granata
Signature

(585) 944-9099
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.