

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: DE002 Date of Visit: 10 APR 2019

Contractor Personnel on Site:

- | | |
|------------------------------|----------|
| 1. <u>Hector Castellanos</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 17000 WO# 8402

Description of Repairs

Test 1" DC BFP WATTS
Mod. # 007 Ser. # 432580 1"

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joshua D. Michael Date: 10 APR 2019

Signed: Joshua 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: Hector G. Castellanos Date: 2019 / Apr / 10

Signed: Hector G. Castellanos

E-Mail: N/A

ASSE International
Double Check Backflow Prevention Assembly (DC)
ASSE Standard #1015 Field Test Report

Owner of Property 99th
Address 1137 Savannah Rd
City Lewes State DE Zip Code
Occupant of Property (if different from owner) The Cape Henlopen Army Reserve Center
Occupant Address
City State Zip Code

Manufacturer of Assembly: Watts Model #: 007M1QT
Size of Assembly: 1" Serial #: 432580
Location of Assembly and Equipment or System Application: Mechanical room # 122

Test Equipment:
Manufacturer: Watts Wilkins Model #: TG-S Serial #: 893897
Calibration Date: 14 Mar 2019

Date test was performed: 10 Apr 2019 Time test was performed: 11:35 Static Line Pressure: 50PSI

	Check Valve #1	Check Valve #2	Shutoff valve #2
Initial Test	Leaking () psid <u>2.2</u> Closed Tight (✓)	Leaking () psid <u>2.2</u> Closed Tight (✓)	Leaking () Closed Tight (✓)
Describe parts and repairs when needed			
Final Test	Leaking () psid <u> </u> Closed Tight ()	Leaking () psid <u> </u> Closed Tight ()	Leaking () Closed Tight ()

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 Performance

Pass

Fail

Signature Joshua D. Michael Date: 10 Apr 2019

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

