

**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 Castanlanos</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. Castanlanos Date: 2019 / April / 10

Signed: [Signature]

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 #: 007MIQT
Size of Assembly: 1" Serial #: 432580
Location of Assembly and Equipment or System Application: Mechanical room # 122

Test Equipment:
Manufacturer: Wilkins Model #: TG-5 Serial #: 893897
Calibration Date: 14 Mar 2019

Date test was performed: 10 Apr 2019 Time test was performed: 1135 Static Line Pressure: 50 PSI

	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 _____ Closed Tight ()	Leaking () psid _____ 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): _____

