

SERVICE CALL CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID Building: **MD002** Date of Visit: _____

Contractor Personnel on Site:

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

Work Performed:

Service Calls - Service Call Number and Description

1. CSS# **17397** WO# **7505**
2. Description of repairs: _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Doglass Date: 2/5/19
Signed: Brian Doglass

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: **AUGUSTIN.KENNETH.
PETER.1043702560** Digitally signed by
AUGUSTIN.KENNETH.PETER.1043702560
Date: 2019.02.07 14:44:21 -05'00'



1-877-RPZ-TEST

Backflow Prevention Assembly Test Report

Property Name:	US Army Corps Reserve Bases
Street Address:	700 E. Ordinance Rd., Curtis Bay, MD, 21226
Onsite Contact:	
Onsite Phone:	
Contact Email:	
Assembly Status	<input type="radio"/> New Installation <input checked="" type="radio"/> Existing <input type="radio"/> Rebuilt <input type="radio"/> Replacement
Location:	Bldg.2
Service::	Fire Protection
Make::	Ames
Model:	2000SS
Serial Number:	1678380411
Size:	6"
Type::	DCVA
Asse #:	1015

INITIAL TEST: Pass Fail

INITIAL TEST DATE: **2/5/2019**

Shutoff #2 Close Tight: Y N

CV 1 Close Tight: Y N 3.2 PSID

CV 2 Close Tight: Y N 2.2 PSID

RPZ Relief Open: **PSID**

PVB Open: **PSID**

Line Pressure: **110 PSI**

Air Gap OK: Y N

REPAIR FINAL TEST: Pass Fail

Final TEST DATE:

SHUTOFF #2 CLOSE TIGHT:

CHECK #1 CLOSE TIGHT: Y N

CHECK #2 CLOSE TIGHT: Y N

RPZ RELIEF OPEN PSID:

PVB OPEN PSID:

Comments

Tester License #: **MD 12654**

Gauge: **Mid-West 845-5**

Tester Name: **Brian Douglass**

Serial Number: **10172721**

Signature: **Brian Douglass**

Last Calibration: **10/31/2018**

