

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

FACID/Building: MDD19

Date of Visit: 6-30-20

Contractor Personnel on Site:

1. Josh Stephenson

2. _____

3. _____

4. _____

5. _____

6. _____

Service Calls – Service Call Number and Description

1. Replace 1" Backflow + Test Replace parts #203108
2. on 2 1/2" Backflow + Test. #30313
3. _____

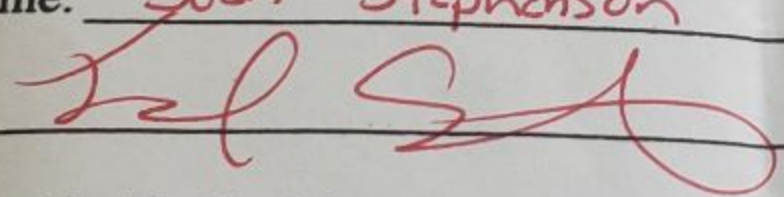
WO# 11995 CSS# 23465
11976 24684

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson

Date: 6-30-20

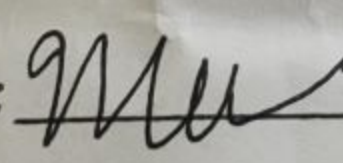
Signed: 

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: 1LT Margaret Carnegie

Date: 30 June 2020

Signed: 

E-Mail: margaret.i.carnegie.mil@mail.mil

**Backflow Testable
Inspection Tag
DO NOT REMOVE THIS**



S&S MECHANICAL

301-574-1555

Tester Name: J. Stephenson

License # BF2019-101

Backflow Test Date 6-30-20

Address: MD019



Pass



Fail

TEST REPORT

DEVICE NO. # 30313

2 1/2" 009

CHECK VALVE NO. 1

CHECK VALVE NO. 2

1. LEAKED

2. CLOSED TIGHT

1. LEAKED

2. CLOSED TIGHT

DIFFERENTIAL PRESSURE RELIEF VALVE

1. OPENED AT 2.1

2. DID NOT OPEN

REPAIRS & NEW MATERIALS

FINAL TEST

CLOSED TIGHT 17.6

CLOSED TIGHT 8.0

OPENED AT 2.1

REDUCED PRESSURE LBS.

TESTED BY: Josh Stephanscu

