

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 2/21/2020

Contractor Personnel on Site:

1. Garrett Cordrey (JDM #1 Planning)
2. _____
3. _____
4. _____

Work Performed:

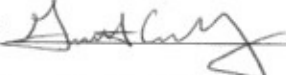
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 11607 BLDG 01 ASSET #1046 MODEL #RP2 SERIAL# ??? 00491
2. RP2-E
3. WO# 11608 BLDG 02 ASSET #1061 MODEL # ??? SERIAL ??? - G 9925
4. _____
5. Building 1 Model RP2E Serial # G 7985

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Garrett Cordrey Date: 2/21/2020

Signed: 

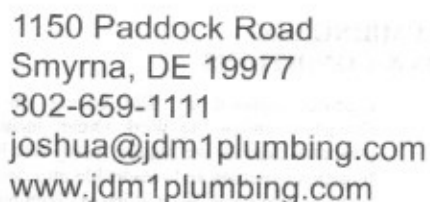
To be signed by Facility Manager:

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: Danielle Barrett Date: 2/21/2020

Signed: 

E-Mail: _____



SERVICE ORDER INVOICE

THIS WORK IS TO BE	
☐ C.O.D.	☐ CHARGE
☐ NO CHARGE	
☐ REGULAR	
☐ WARRANTY	
☐ SERVICE CONTRACT	
MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

7037

Thank You

ASSE International

Reduced Pressure Principle Backflow Preventer (RP) ASSE Standard #1013 Field Test Report

Owner of Property _____
Address 1001 Ogletown Rd
City Newark State DE Zip Code _____
Occupant of Property (if different from owner) _____
Occupant Address _____
City _____ State _____ Zip Code _____
Manufacturer of Assembly: Flomatic Model #: RPZ - E
Size of Assembly: 2" Serial #: G 9925
Location of Assembly and Equipment or System Application: Sprinkler / Mechanical Room

Test Equipment:
Manufacturer: Apollo Model #: _____ Serial #: 03192976
Calibration Date: 7/1/19
Date test was performed: 2/21/2020 Time test was performed: 9:30 AM Static Line Pressure: 55 psig

	Check Valve #2	Shutoff valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Leaking () Closed Tight (✓)	Leaking () Closed Tight (✓)	Leaking () Closed Tight (✓) Pressure Drop Across Check Valve #1 <u>7.4</u> psid	Opened at <u>2</u> psid
Describe parts and repairs when needed				
Final Test	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid

Certified Tester (print) Gareth M Cordery
Address 1150 Padden Rd
City Smyma State DE Zip 19977
Phone #: 302 659-1144
License #: _____ Certification # 432576

Assembly Final Test Performance

Pass ☒

Fail ☐

Signature _____ Date: _____

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

Test Cocks were leaking and need to be replaced.