

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

FACID/Building: DE007

Date of Visit: 3/9/18

Contractor Personnel on Site:

4. Patrick Korp

4. Schlusser & Associates

5. _____

5. _____

6. _____

6. _____

Work Performed:

Inspection, Testing, and Certification

5. Backflow Prevention Testing (Qty 2) (Annual)

6. _____

7. _____

8. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Korp

Date: 3/9/18

Signed: Patrick Korp

To be signed by Facility Manager:

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: Cort, Gabriel

Date: 20180309

Signed: [Signature]

E-Mail: gabriel.e.cort@mil.mil

Backflow Assembly Test Report

Water System Name: _____ File No.: _____
 Location of Assembly: Shop Mech. Room
 Owner of Assembly: _____
 Address: 1001 Ogilvie Ave City: NEWARK State: DE Zip: _____
 Size of Assembly: 2" Model No.: RPZ Serial No.: 69925
 Name of Assembly Manufacturer: Flowmatic

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
I N I T I A L	R P PSI Across <u>7.6</u>	PSI Across <u>2.6</u>	Opened at <u>2.5</u> # Opened Under 2# or did not open <input type="checkbox"/>	AIR INLET: Opened at ____ # Opened Under 1# or did not open <input type="checkbox"/>
	D C Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Air Inlet Disc <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Air Inlet Spring <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Check Disc <input type="checkbox"/>
	Pin Feather <input type="checkbox"/>	Pin Feather <input type="checkbox"/>	Seat(s) <input type="checkbox"/>	Check Spring <input type="checkbox"/>
	Hingepin <input type="checkbox"/>	Hingepin <input type="checkbox"/>	O-ring(s) <input type="checkbox"/>	Other (describe) <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Module <input type="checkbox"/>	
	Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Other (describe) <input type="checkbox"/>	
FINAL TEST	PSI Across Closed Tight <input type="checkbox"/>	PSI Across Closed Tight <input type="checkbox"/>	Opened at ____ # Reduced Pressure	Satisfactory <input type="checkbox"/>

Initial Test By: Patrick Kond Certification No. 36383 Date: 3/9/16
 Repaired By: _____ Date: _____
 Final Test By: _____ Certification No. _____ Date: _____

This assembly's INITIAL TEST performance was: Satisfactory ☒ Unsatisfactory ☐

This assembly's FINAL TEST performance was: Satisfactory ☐ Unsatisfactory ☐

I certify the above test has been performed and I am aware of the final performance.

BY: Paul Kond Assembly Owner Representative

Distribution: White - Assembly Owner · Pink - Tester · Canary - Water Utility

Backflow Assembly Test Report

Water System Name: _____ File No.: _____
 Location of Assembly: Mech. Rm. 118
 Owner of Assembly: _____
 Address: 1001 OGLETHORPE RD City: NEWARK State: DE Zip: _____
 Size of Assembly: 3" Model No.: RPZ Serial No.: 00491
 Name of Assembly Manufacturer: Flowmatic

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
I N I T I A L	R P PSI Across <u>8.9</u>	PSI Across <u>1.4</u>	Opened at <u>3.1</u> # Opened Under 2# or did not open <input type="checkbox"/>	AIR INLET: Opened at _____ # Opened Under 1# or did not open <input type="checkbox"/>
	D C Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Air Inlet Disc <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Air Inlet Spring <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Check Disc <input type="checkbox"/>
	Pin Feather <input type="checkbox"/>	Pin Feather <input type="checkbox"/>	Seat(s) <input type="checkbox"/>	Check Spring <input type="checkbox"/>
	Hingepin <input type="checkbox"/>	Hingepin <input type="checkbox"/>	O-ring(s) <input type="checkbox"/>	Other (describe) <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Module <input type="checkbox"/>	
Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Other (describe) <input type="checkbox"/>		
Other (describe) <input type="checkbox"/>	Other (describe) <input type="checkbox"/>			
FINAL TEST	PSI Across Closed Tight <input type="checkbox"/>	PSI Across Closed Tight <input type="checkbox"/>	Opened at _____ # Reduced Pressure	Satisfactory <input type="checkbox"/>

Initial Test By: Patrick Korp Certification No. 36383 Date: 3/9/18
 Repaired By: _____ Date: _____
 Final Test By: _____ Certification No. _____ Date: _____

This assembly's INITIAL TEST performance was: Satisfactory ☒ Unsatisfactory ☐

This assembly's FINAL TEST performance was: Satisfactory ☐ Unsatisfactory ☐

I certify the above test has been performed and I am aware of the final performance.

BY: Patrick Korp Assembly Owner Representative

Distribution: White - Assembly Owner • Pink - Tester • Canary - Water Utility



