

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
5. _____
6. _____

4. Schlusser & Associates
5. _____
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: Corti, Gabriele CS-09 Date: 20180309
Signed: Gabriele Corti
E-Mail: gabriele.corti.m@gmail.com

Backflow Assembly Test Report

Water System Name: _____ File No. _____

Location of Assembly: *Shop mech. room.*

Owner of Assembly:

Address: *1001 Ogletown Rd* City: *NEWARK* State: *DE* Zip

Size of Assembly: *2"* Model No.: *R PZ* Serial No.: *69925*

Name of Assembly Manufacturer: *Flowmatic*

		Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
I N T I A L	R P	PSI Across <i>7.6</i>	PSI Across <i>2.6</i>	Opened at <i>2.5</i> # 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 Leaked <input type="checkbox"/>	Closed Tight Leaked <input type="checkbox"/>		CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
R E P A I R S		Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat(s) <input type="checkbox"/> O-ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <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 <input type="checkbox"/>	Satisfactory <input type="checkbox"/>

Initial Test By: *Patrick Kond* Certification No. *36383* Date: *3/9/15*

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 JC* 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 OGLIETTO RD City: Newark State: DE Zip 19713

Size of Assembly: 3" Model No.: R PZ Serial No.: 00491

Name of Assembly Manufacturer: Flowmatic

	Check Valve #1		Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
	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"/>
I N T I A L	D C	Closed Tight Leaked <input type="checkbox"/>	Closed Tight Leaked <input type="checkbox"/>		CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
R E P A I R S		Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat(s) <input type="checkbox"/> O-ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned Replaced: <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <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 <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	

Initial Test By: PATRICK KORN 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 KORN Assembly Owner Representative

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



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