

#3

ASSET # 7197

User:

WV 041-01 PFC ANTHONY F. EAFRATI, USARC

Service

Address: 100 FRONT STREET, WEIRTON, WV 26062-4297

Owner:

U.S. Gov.

Mailing

Address:

Type of

Assembly:

RPZ
WATTS

Assembly

Make:

WATTS

Assembly

Model:

LF009M3QT

Assembly

Serial No.

91795

Assembly

Size:

3/4

Test Kit Used:

Midwest

Meter Number:

845

Calibration Date:

7.17.18

Location on

Site:

MAIN BUILDING - Boiler Room

☐ REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY (RPBA/RPDA)☐ DOUBLE CHECK VALVE BACKFLOW PREVENTION ASSEMBLY (DCVA/DVDA)

Static Line Pressure

75 PSI

Check Valve #1

Check Valve #2

9.4

Differential Pressure
Relief Valve

Initial Test

Date: 2.26.19

Time: 9:00

☒ Closed Tight

9.0 PSID (RP Only)

☐ Leaked☒ Closed Tight☐ Leaked☒ Opened at 2.0 PSID☐ Did not openMAINTENANCE OF
ASSEMBLY☐ Cleaned ☐ Repaired☐ Cleaned ☐ Repaired☐ Cleaned ☐ Repaired

DESCRIBE REPAIR:

EXISTING ASSEMBLY REPLACED:

Type of
Assembly:Assembly
Make:Assembly
Model:Assembly
Serial No:Assembly
Size:Test After Repairs
Date:☐ Closed Tight
PSID (RP Only)☐ Closed Tight

Opened at PSID

COMMENTS:

Brandon Nicklas

Print Name

B.C.N.

Signature

Fire Fighter Sales + Service 724-720-6000

Company/Phone

Certification No.

Initial

Test by:

BRANDON NICKLAS

WVOP31184

Test after

Repairs by:

On-site

Contact:

Return original to:

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WV041 Date of Visit: 02.26.19

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>BILL LOGUE</u> | 4. _____ |
| 2. <u>BRANDON NICKLAS</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|---|
| 1. <u>WO # 7246 . ASSET # 7197. BACKFLOW TEST</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: WILLIAM LOGUE Date: 02/26/19
Signed: Wm Logue *PL C.M.*

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: SGT Komaruk, Matthew Date: 26 Feb 2019
Signed: *[Signature]*
E-Mail: _____

#3

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HILTI

WV 041-01 Backflow
Asset # 7197

