

#1

ASSET 7199

User:

WV 041-02

PFC ANTHONY F. EAFRATI: USARC

Service

Address:

100 FRONT STREET, WEIRTON, WV 26062-4297

Owner:

U. S. Gov

Mailing

Address:

Type of Assembly

Assembly

Assembly

Assembly

Assembly

Assembly:

Make:

Model:

Serial No.

Size:

RPZ

WILKINS

975XL2

4194161

3/4

Test Kit Used:

MID WEST 845

Meter Number:

SN 06151498

Calibration Date:

7.17.18

Location on

Site: OMS BLDG

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

Static Line Pressure	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
70 PSI			
Initial Test Date: 2.26.19 Time: 8:30 AM	<input checked="" type="checkbox"/> Closed Tight 8.6 PSID (RP Only) [] Leaked	<input checked="" type="checkbox"/> Closed Tight [] Leaked	<input checked="" type="checkbox"/> Opened at 2.4 PSID [] Did not open
MAINTENANCE 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 NICKLON

RL CN

Fire fighter Sales & Service 724-720-6000

Print Name

Signature

Company/Phone

Certification No.

Initial

Test by:

BRANDON NICKLON

WVOP 31184

Test after

Repairs by:

On-site

Contact:

Return original to:

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

FACID/Building: W1041 Date of Visit: 02.26.19

Contractor Personnel on Site:

1. BILL LOCAVE
2. BRANDON NICHLAS
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. WO # 7247 ASSET 7199, BACKFLOW TEST
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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 El C.N.

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: 

E-Mail: info@mathematik.uni-bayreuth.de

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WV 041-02 Backflow
Asset # 7199