

#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: RP2
Assembly Make: WILKINS
Assembly Model: 975XL2
Assembly Serial No: 4194161
Assembly Size: 3/4
Test Kit Used: MIDWEST
Meter Number: 845
Calibration Date: SN 06151498 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 70 PSI	Check Valve #1 <input checked="" type="checkbox"/> Closed Tight 8.6 PSID (RP Only) <input type="checkbox"/> Leaked	Check Valve #2 <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Differential Pressure Relief Valve <input checked="" type="checkbox"/> Opened at 2.4 PSID <input type="checkbox"/> Did not open
MAINTENANCE OF ASSEMBLY	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired

DESCRIBE REPAIR:

EXISTING ASSEMBLY REPLACED:

Type of Assembly:	Assembly Make:	Assembly Model:	Assembly Serial No:	Assembly Size:
Test After Repairs Date:	<input type="checkbox"/> Closed Tight PSID (RP Only)	<input type="checkbox"/> Closed Tight	Opened at PSID	

COMMENTS:

BRANDON Nicklan
Print Name
Signature
Company/Phone: FIRE FIGHTER Sales & Service 724-720-6000
Certification No. WVOP 31184
Initial Test by: BRANDON Nicklas
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 LOHUE</u> | 4. _____ |
| 2. <u>BRANDON NICHLAS</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. 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. _____

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

CERTIFICATION OF WORK

To be signed by the Contractor:

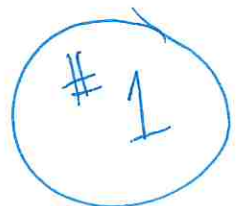
Print Name: William Logue Date: 02.26.19
Signed: Wm Logue EL C. N.

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 Komarick, Matthew Date: 26 Feb 2019
Signed: [Signature]

E-Mail: _____



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WV 041-02 Backflow
Asset # 7199