

#2

ASSET 7269

User: WV041-02 PFC ANTHONY F. EAFRATI, USAR
 Service Address: 100 FRONT STREET, WEIRTON, WV, 26062-4297
 Owner:

Mailing Address:
 Type of Assembly: Assembly Make: Assembly Model: Assembly Serial No. Assembly Size:
 RPZ WATTS 009m2 A39050 1½"

Test Kit Used: METER NUMBER: 845 Calibration Date: 7.17.18

Location on Site: At BUILDING ENTRANCE DOOR - ABOVE DOOR - Motor Pool GARAGE
 [] 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
75 PSI			
Initial Test Date: 2.26.19 Time: _____	<input checked="" type="checkbox"/> Closed Tight 9.0 PSID (RP Only) <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.0 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 Nicklas B.C.N. Fire Fighter Sales & Service 724-720-6000
 Print Name Signature Company/Phone Certification No.
 Initial _____ Test by: Brandon Nicklas WVOP31184
 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: W# 041 Date of Visit: 02.26.19

Contractor Personnel on Site:

1. BILL LOGUE
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 # 7269, 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 BL C.N.Y.

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: 56T Komaruk, Matthew Date: 26 Feb 2017
Signed: 

E-Mail:

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WV 041-02 Backflow
Asset # 7269