

#9

ASSET 7207

User: WV 043-02 BG J SUMMER JONES USA RC
 Service: 25 ARMORY DRIVE, WHEELING WV 26003
 Address:
 Owner:

Mailing Address:
 Type of Assembly: RP2 Assembly Make: WATTS Assembly Model: 009M2QT Assembly Serial No.: 69915 Assembly Size: 1"
 Test Kit Used: MIDWEST Meter Number: 845 Calibration Date: 7.17.18

Location on Site: MOTOR POOL

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

Static Line Pressure <u>75</u> PSI	Check Valve #1	Check Valve #2 <u>6.8</u>	Differential Pressure Relief Valve
Initial Test Date: <u>02.26.17</u> Time: <u>12:30 PM</u>	<input checked="" type="checkbox"/> Closed Tight <u>9.0</u> PSID (RP Only) <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at <u>2.4</u> 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: <u></u>	<input type="checkbox"/> Closed Tight <u></u> PSID (RP Only)	<input type="checkbox"/> Closed Tight	Opened at <u></u> PSID	

COMMENTS:

Brandon C. Nicklas FL CMA FIRE FIGHTER Sales & Service 724-720-6000
 Print Name Signature Company/Phone Certification No.

Initial Test by: Brandon C. 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: WV 043 Date of Visit: 02.26.19

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>BILL LOGUE</u> | 4. _____ |
| 2. <u>BRANDON HICKLAS</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 # 7249, ASSET 72C7, BACKFLOW TEST
2. NOT ON ASSET SHE
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 Loque Date: 02.26.19

Signed: William Loque

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: Sacco, Steven S. / SSG Date: 20190226

Signed: Steven S. Sacco

E-Mail: _____

91

WV043-02

Asset # 7202-Backflow-