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ASSET 7200
User: WY 043 BG J. SUMMER JONES USARC
Service
Address: 25 ARMORY DRIVE, WHEELING WV 26003
Owner:

Mailing
Address:
Type of Assembly: RP2
Assembly Make: WATTS
Assembly Model: 009M2
Assembly Serial No: A58303
Assembly Size: 2'

Test Kit Used: MIDWEST
Meter Number: 845
Calibration Date: 7.17.18

Location on Site: Boiler Room

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

Static Line Pressure 80 PSI	Check Valve #1 <input checked="" type="checkbox"/> Closed Tight 9.4 PSID (RP Only) <input type="checkbox"/> Leaked	Check Valve #2 8.0 <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Differential Pressure Relief Valve <input checked="" type="checkbox"/> Opened at 3.2 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 [Signature] Fire Fighter Sales & Service 724-720-6000
Print Name Signature Company/Phone Certification No.
Initial
Test by: Brandon C. Nicklas WVOP 31184
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. BILL LOGUE
2. BRANDON HICKLAS
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 # 7248, ASSET 7200, 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 LOQUE Date: 02.24.19

Signed: Wm 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: _____

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WV043-01
Asset # 7200-Backflow-