

#10

ASSET 7200

User: WY 043 BG J. SUMMER JONES USARC  
 Service Address: 25 Armory Drive, WHEELING WV 26003  
 Owner:

Mailing Address:

Type of Assembly: Assembly Make: Assembly Model: Assembly Serial No: Assembly Size:  
 RP2 WATTS 009M2 A58303 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	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
80 PSI		8.0	
Initial Test Date: 02.26.19 Time: 1:00 pm	<input checked="" type="checkbox"/> Closed Tight 9.4 PSID (RP Only) <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<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:

Beardor Nicholas Bl C/N  
 Print Name Signature Company/Phone Certification No.  
 Initial  
 Test by: Beardor C. Nicholas  
 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: WV043 Date of Visit: 02.26.19

Contractor Personnel on Site:

1. BILL LOGUE 4. \_\_\_\_\_
2. BRANDON HICKLASS 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 # 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:

(10)

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WV043-01

Asset # 7200-Backflow-