

#11

ASSET 7201

User:

WY 043-01BG J SUMMER JONES USARC

Service

Address:

25 ARMORY DRIVE, WHEELING WV 26003

Owner:

Mailing

Address:

Type of

Assembly

Assembly

Assembly

Assembly

Assembly:

Make:

Model:

Serial No.

Size:

RP2

WATTS

~~609M2~~

100545

1/2

Test Kit Used:

Midwest

Meter Number:

845

Calibration Date:

7.17.18

Location on

Site:

Boiler Room - BOILER FEED

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

Static Line Pressure

73 PSI

Check Valve #1

Check Valve #2

Differential Pressure
Relief Valve

7.6

Initial Test

Date: 02.26.19

Time: 1:30 pm

☒ Closed Tight

9.4 PSID (RP Only)

☐ Leaked☒ Closed Tight☐ Leaked☒ Opened at 2.0 PSID☐ Did not openMAINTENANCE OF
ASSEMBLY☐ Cleaned ☐ Repaired☐ Cleaned ☐ Repaired☐ Cleaned ☐ Repaired

DESCRIBE REPAIR:

EXISTING ASSEMBLY REPLACED:

Type of

Assembly:

Assembly

Make:

Assembly

Model:

Assembly

Serial No:

Assembly

Size:

Test After Repairs

Date:

☐ Closed Tight

PSID (RP Only)

☐ Closed Tight

Opened at PSID

COMMENTS:

Brandon C. Nicklas BCL CN

Print Name

Fire fighter Sales + Service

Signature

724-720-6000

Company/Phone

Certification No.

Initial

Test by: Brandon C. Nicklas

WVOP31184

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 LOQUE</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 7248, ASSET 7201, 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: William Logue

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 # 7201-Backflow-

MAILED
DATE

CCC