

#6

ASSET 7205

User: WV 053-1 USARC/OMS/AMSA
Service
Address: 109 SGT. JOE NORRE LANE, WHEELING, WV. 26003-9201
Owner: U.S. Gov

Mailing
Address:
Type of Assembly: RPZ
Assembly Make: WATTS
Assembly Model: 009M2QT
Assembly Serial No: 348597
Assembly Size: 1"

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

Location on

Site:

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

Static Line Pressure 55 PSI	Check Valve #1 <input checked="" type="checkbox"/> Closed Tight 8.6 PSID (RP Only) <input type="checkbox"/> Leaked	Check Valve #2 <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Differential Pressure Relief Valve <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:

Brawdon Nicklas BL CMA Fire Fighter Sales & Service 724-720-6000
Print Name Signature Company/Phone Certification No.

Initial
Test by:
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 053 Date of Visit: 02/24/19

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>BILL LOGUE</u> | 4. _____ |
| 2. <u>BRANDON NICHLAS</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. WD # 7252, ASSET 72045, 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 LOAVE Date: 02/24/19
Signed: Wm Loave

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: DONALD SHOWALTER Date: 26 FEB 19
Signed: [Signature]
E-Mail: DONALD.L.SHOWALTER4-CIV@MAIL.MIL



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WV053-01

Asset # 7205-Backflow-