

#4

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: Assembly Make: Assembly Model: Assembly Serial No. Assembly Size:
RPZ WATTS 009M2QT 368597 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	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
55 PSI		8.0	
Initial Test Date: 2-26-17 Time: 11:00	<input checked="" type="checkbox"/> Closed Tight 8.6 PSID (RP Only) <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<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:

Brandon Nicklas BL CTA 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: _____

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. _____

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: WILLIAM LOUVE Date: 02/24/19
Signed: Wm Lague

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: DS

E-Mail: Donald.L.Shaw@envi-civ@modi.mil



WV053-01

Asset # 7205-Backflow-