

ASSET 7206

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	WATT	6100	AL9915	3"
Test Kit Used:	Meter Number:	Calibration Date:		
MIDWEST	845	7.17.18		
Location on Site:				
<input checked="" type="checkbox"/> REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY (RPBA/RPDA) <input type="checkbox"/> DOUBLE CHECK VALVE BACKFLOW PREVENTION ASSEMBLY (DCVA/DVDA)				
Static Line Pressure	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	
65 PSI	6.4	6.0		
Initial Test Date: 02.26.19 Time: 10:45AM	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> PSID (RP Only) <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at 2.4 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 <input type="checkbox"/> PSID (RP Only)	<input type="checkbox"/> Closed Tight	Opened at _____ PSID	
COMMENTS:				
Brandi Nicklas DCN		Print Name	Signature	Company/Phone
				Certification No.
Initial				
Test by:				WVOP31184
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 053-01 Date of Visit: 02/26/19

Contractor Personnel on Site:

1. BILL LOGUE
2. BRANDON NICHLAS
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 7252, ASSET 7206, 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: 02.26.19
Signed: Wm 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: Don Shows Jr. Date: 26 Feb 19
Signed: DS

E-Mail: Donald.Shawscf-px4'civ@mail.mil

WV053-01

Asset # 7206-Backflow-

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