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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

Assembly

Assembly

Assembly:

Make:

Model:

Serial No.

Size:

RPZ

WATT

6100

AL9915

3"

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

65 PSI

Check Valve #1

6.4

Check Valve #2

6.0

Differential Pressure  
Relief Valve

Initial Test

Date: 02.26.19

Time: 10:45am

☒ Closed Tight  
PSID (RP Only)  
☐ Leaked

☒ Closed Tight  
☐ Leaked

☒ Opened at 2.4 PSID  
☐ Did not open

MAINTENANCE 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 Nicklas DC CM

Print Name

Fire Fighter Sales &amp; Service

Signature

Company/Phone

724-720-6000

Certification No.

Initial

Test by:

Test after

Repairs by:

On-site

Contact:

Return original to:

WVOP31184

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: WV 053-01 Date of Visit: 02/26/19

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. 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. \_\_\_\_\_

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

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: WILLIAM LOQUE Date: 02.26.19  
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: Don Showalter Date: 26 Feb 19  
Signed: [Signature]

E-Mail: Donald.Showalter4@CIV@MAIL.MIL



WV053-01

Asset # 7206-Backflow-

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