

ASSET 7207

User:	WY053 USAR /oms /AMSA			
Service Address:	109 SGT JOE NURR LANE, WHEELING WY 26003.924			
Owner:				
Mailing Address:				
Type of Assembly:	Assembly Make:	Assembly Model:	Assembly Serial No.	Assembly Size:
RPZ	Wilkins	975XL	W042912	1"
Test Kit Used:	Meter Number:	Calibration Date:		
Midwest	845	7.17.18		
Location on Site:				
<input 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	
50 PSI		L5		
Initial Test Date: 02.26.19 Time: 11:05AM	<input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did not open Continuously Ran	
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:				
Brandon Nicklas	Print Name	Signature	Fire Fighter Sales & Service	724-720-6000
			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: _____

Contractor Personnel on Site:

1. <u>BILL LOUKE</u>	4. _____
2. <u>BRANDON NICKLAS</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 # 7253, ASSET 7207, BACKFLOW TEST
FAILED
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 Lowe Date: _____
Signed: Wm

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: Aaron M. Crum WS-09 Date: 26 FEB 19
Signed: Aaron M. Crum
E-Mail: aaron.m.crum@usmc.mil

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WV 053 Backflow
Asset# 7207 A