

7
ASSET 7207
User: WY 053 USAR / OMS / AMSA
Service
Address: 109 SGT JOE NUVE LAND, WHEELING WV 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: Midwest Meter Number: 845 Calibration Date: 7.17.19

Location on Site:
[] REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTION ASSEMBLY (RPBA/RPDA)
[] DOUBLE CHECK VALVE BACKFLOW PREVENTION ASSEMBLY (DCVA/DVDA)

Static Line Pressure 50 PSI	Check Valve #1 [] Closed Tight PSID (RP Only) <input checked="" type="checkbox"/> Leaked	Check Valve #2 25 [] Closed Tight <input checked="" type="checkbox"/> Leaked	Differential Pressure Relief Valve [] Opened at ____ PSID [] Did not open Continuously Ran
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 TBCMA Fire Fighton Sales & Service 724-720-6000
Print Name Signature Company/Phone Certification No.

Initial
Test by: WVOP 31184
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: _____

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>BILL LOARDE</u> | 4. _____ |
| 2. <u>BRANDON Nicklas</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
| 4. _____ | 7. _____ |

Inspection, Testing, and Certification

- | | |
|------------------------------------------------|---------------|
| 1. <u>WO # 7253, ASSET 7207, BACKFLOW TEST</u> | |
| 2. _____ | <u>FAILED</u> |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
| 4. _____ | 7. _____ |

Service Calls – Service Call Number and Description

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: William Logue 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. Cram WS-09 Date: 26 FEB 19
Signed: A.M.C.
E-Mail: aaron.m.cram.civ@mail.mil

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WV 053 Backflow
Asset# 7207 A