

8

ASSET 7207-B

User:

WV 053 | DOAR | OMS | AMSA

Service

Address:

109 SGT JOE NURRE LANE, WHEELING WV 26003-9201

Owner:

U.S. Gov.

Mailing

Address:

Type of

Assembly

Assembly

Assembly

Assembly

Assembly:

Make:

Model:

Serial No.

Size:

RPZ

WATTS

009M24T

A24/192

2"

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
60 PSI		7.0	
Initial Test Date: 2.26.19 Time: 11:30	<input checked="" type="checkbox"/> Closed Tight <u>8.4</u> PSID (RP Only) <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at <u>3.0</u> 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 C/11 FIRE FIGHTER Sales & Service 724-120-6000

Print Name

Signature

Company/Phone

Certification No.

Initial

Test by: Brandon Nicklas

WV0931189

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 LOGUE</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 ASSET 7207 B, 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 FOOGUE Date: 02. 26. 19
Signed: Wm. Fogue

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: A. M. Crum
E-Mail: aaron.m.crum.civ@mail.mil

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WV 053 Backflow
Asset# 7207 B

8 3/4" x 4"