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ASSET 7207 B

User: WV 053 UBAR/omo/AMSA  
Service  
Address: 109 SGT JOE MORRE LANE, WHEELING WV 26003-9201  
Owner: U.S. Gov.

Mailing  
Address:  
Type of Assembly: RPZ  
Assembly Make: WATTS  
Assembly Model: 009M2QT  
Assembly Serial No: A24192  
Assembly Size: 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 60 PSI	Check Valve #1 <input checked="" type="checkbox"/> Closed Tight 8.4 PSID (RP Only) <input type="checkbox"/> Leaked	Check Valve #2 7.0 <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Differential Pressure Relief Valve <input checked="" type="checkbox"/> Opened at 3.0 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 [Signature] FIRE FIGHTER SALES & SERVICE 724-120-6000  
Print Name Signature Company/Phone Certification No.  
Initial  
Test by: Brandon Nicklas 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 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 7207B, 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 Lague Date: 02.26.19  
Signed: Wm Lague

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

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WV 053 Backflow  
Asset# 7207 B

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