

**INSPECTION, TESTING, AND CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID/Building: PA063Date of Visit: 2-8-2019

## Contractor Personnel on Site:

1. Ron Kordish  
5. BROCK BANGO  
6. \_\_\_\_\_

4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

## Work Performed:

## Inspection, Testing, and Certification

5. Backflow Prevention Testing (Qty 2) (Annual)  
6. WO 7096 Asset 7257  
7. WO 7097 Asset 7251  
8. \_\_\_\_\_

C-70**CERTIFICATION OF WORK**

## To be signed by the Contractor:

Print Name: Ron Kordish Date: 2-8-19Signed: Ron Kordish

## To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Ron Hean Date: 20190208Signed: Ron Hean

E-Mail: \_\_\_\_\_

# Backflow Prevention Device Test Form

MUST BE COMPLETED BY CERTIFIED BACKFLOW DEVICE TESTER



Please return completed form by mail or fax to Pennsylvania American Water: Fax: 570-341-3296;  
Email: paw.cc@amwater.com; or Mail: Attention: Cross Connection Department 2699 Stafford Ave Scranton, PA 18505

## LOCATION INFORMATION

Account Number:	Premise Number:
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Service for: UNITED STATES Army RESERVE CENTER

Service Address 1:

Service Address 2:

Type of Service:  Domestic  Fire  Irrigation Backflow Device Location: Boiler Feed Line  Isolation  Containment

## DEVICE INFORMATION

Type of Assembly: <u>RP</u>	Serial Number: <u>025828</u>	Size: <u>1"</u>
MFG/Model No: <u>WATTS/LF909AT</u>		Water Meter No:

## TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
INITIAL TEST Date: <u>2-8-19</u> Time: <u>2:25</u> a.m. / p.m.	Held at <u>5.8</u> PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <u>1.4</u> PSID <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 _____	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ Check Valve Held _____ PSID
FINAL TEST Date: _____ Time: _____ a.m. / p.m.	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open _____ Check Valve Held _____ PSID
AIR GAP	Measured vertical inches above overflow rim:	Supply size diameter:		

COMMENTS: 65 psi

## TESTER INFORMATION – INITIAL TEST

<input checked="" type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name (PRINT) <u>Ron Kordish</u>	Company <u>Central HG + PmB6</u>	Phone <u>724-658-7111</u>
Testing Equipment Calibration Date <u>4-20-2018</u>		Testing Equipment Serial Number <u>07031263</u>	Certification Testing No. <u>29140</u>

The above report is certified to be true at the time of the test. Signature of tester: \_\_\_\_\_ Date: \_\_\_\_\_

## TESTER INFORMATION – FINAL TEST

<input type="checkbox"/> Passed <input type="checkbox"/> Failed	Tester Name (PRINT)	Company	Phone
Testing Equipment Calibration Date		Testing Equipment Serial Number	Certification Testing No.
The above report is certified to be true at the time of the test. Signature of tester:	Date:		

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