

**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. <u>RON KORDISH</u> | 4. _____ |
| 5. <u>BROCK BANSO</u> | 5. _____ |
| 6. _____              | 6. _____ |

Work Performed:

Inspection, Testing, and Certification

- |  |
|--|
| 5. <u>Backflow Prevention Testing (Qty 2) (Annual)</u> |
| 6. <u>WO 7096 Asset 7257</u>                           |
| 7. <u>WO 7097 Asset 7251</u>                           |
| 8. _____   |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: RON KORDISH Date: 2-8-19Signed: [Signature]

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 HEARN Date: 20190208Signed: [Signature]

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:
Service for: <u>UNITED STATES ARMY RESERVE CENTER</u>	
Service Address 1:	
Service Address 2:	
Type of Service: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation	Backflow Device Location: <u>BOILER FEED LINE</u> <input checked="" type="checkbox"/> Isolation <input type="checkbox"/> Containment

## DEVICE INFORMATION

Type of Assembly: <u>RP</u>	Size: <u>1"</u>
Serial Number: <u>025828</u>	Water Meter No:
MFG/Model No: <u>WATTS / LF909RT</u>	

## TO BE COMPLETED BY TESTER

	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENTIAL RELIEF VALVE	AIR INLET
<b>INITIAL TEST</b> 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
<b>FINAL TEST</b> 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
<b>AIR GAP</b>	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 HFG + PIMBG</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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[www.pghtest.com](http://www.pghtest.com)  
See Back For Certification Information

100 PSI  
100 GPM  
100°F  
100%  
100%  
100%