

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

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

FACID/Building: NY010 Date of Visit: 8-19-19

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	4. _____
2. _____	5. _____
3. _____	6. _____

**Work Performed:**

**Inspection, Testing, and Certification**

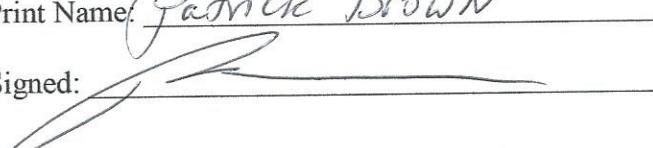
1. Backflow Testing Annual Qty (1)
2. WO 10336 Asset 7270
3. \_\_\_\_\_
4. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

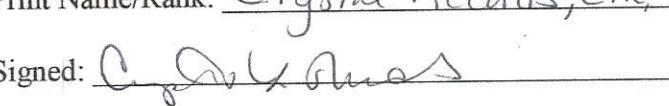
Print Name: Patrick Brown Date: 8-19-19

Signed: 

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: Crystal Records, CTR, AFOS Date: 19 Aug 19

Signed: 

E-Mail: Crystal.1.records.ctr@mail.mil

Report on Test and Maintenance  
 of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2019

Initial test - Complete entire form  
 Annual test - Complete Part A only

Public Water Supply <u>Town of Amherst</u>	Account No.	County <u>Erie</u>	Block	Lot
Facility Name <u>Amherst A.R.C.</u>	Location of Device <u>Boiler Room First Level</u>			
Address <u>100 N. Forest Rd, Buffalo, NY 14221</u>	Bottom of Stairs			
Street	City	Zip		
Device Information	Manufacturer <u>WATTS</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>957 RP</u>	Size (in inches) <u>3"</u>
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>75</u> psi
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at <u>2.6</u> psid	Date <u>08 19 19</u> M D Y
	Pressure drop across first check valve <u>5.4</u> psid			
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Final test	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <u>      </u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
Pressure drop across first check valve _____ psid				
Water Meter Number <u>75133765</u>	Meter Reading <u>00,482.0</u>	Type of Service: (check one) <u>9 Domestic</u> <u>9 Fire</u> <u>9 Other</u>		
Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)				
<p>Certification: This device <input checked="" type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing  <sup>I hereby certify the foregoing data to be correct.</sup>  <u>Patrick Brown</u> <u>12561</u> <u>Signature</u> <u>6/30/2021</u>          Print Name Certified Tester No. Signature Expiration Date</p>				
<p>Property owners (or owner's agent) certification that test was performed:  <u>Crystal L. Records</u> <u>AFAS</u> <u>Signature</u> <u>(716) 298-6213</u>          Print Name Title Signature Telephone</p>				
PART B Certification that installation is in accordance with the approved plans.		(To be completed by the design engineer or architect or water supplier.)		
I hereby certify that this installation is in accordance with the approved plans.				
Name	Title	Date	NYS DOH Log #	
License Number	Phone ( )		m	d
Representing	Describe minor installation changes			
Address				
City	State	Zip		
Signature				

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.  
 Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.

DOH- 1013(9/91)