

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: NY032 Date of Visit: 2-8-19

Contractor Personnel on Site:

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

Work Performed:

Inspection, Testing, and Certification

1. <u>Backflow Prevention Testing (Qty 1) (Annual) WO 7288 Asset 7271</u>
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

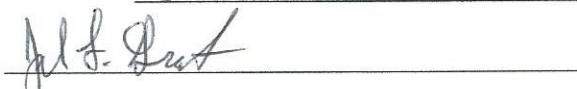
Print Name: Patrick Brown Date: 2-8-19

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: John F. Gravata AFOS Date: 8 FEB 08

Signed: 

E-Mail: john.f.gravata.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>Ithaca water</u> <u>Elmira Water Board</u>		Account No.	County <u>TOMPKINS</u>	Block	Lot
Facility Name <u>SSG Reynold J King USARC</u> Address <u>101 Sunrise Rd Ithaca, NY 14850</u>		Location of Device <u>Boiler room South wall</u> <u>8' up</u>			
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>CO9 M3 QT</u>	Size (in inches) <u>3/4"</u>	Serial Number <u>377444</u>
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>126</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>212</u> psid	Date <u>02 08 19</u> M D Y	
	Pressure drop across first check valve <u>10.2</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>02 08 19</u> M D Y	
	Pressure drop across first check valve _____ psid				
Water Meter Number		Meter Reading	Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Other <u>Boiler Feed</u>		

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device meets, does NOT meet, the requirements of an acceptable containment device at the time of testing
 I hereby certify the foregoing data to be correct.

Patrice Brown
Print Name

12561
Certified Tester No.

Jd
Signature

6/30/21
Expiration Date

Property owner(s) (or owner's agent) certification that test was performed:

John F. Granata AFOS
Print Name Title

Jelt. Grant 910 58 6642
Signature Telephone

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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NYS DOH Log #
License Number	Phone ()		m d y	
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)

