

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY035-01 Date of Visit: 9-23-19

Contractor Personnel on Site:

1. Patrick Brown  
2. \_\_\_\_\_

3. \_\_\_\_\_  
4. \_\_\_\_\_

### Work Performed:

**Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)**

1. WO 5132 ASSET 9846
2. WO 5156 ASSET 9846
3. Backflow RPZ Failed and needs to
4. be replaced
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9-23-19

Signed: Patrick Brown

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: Doug Rushlo Date: 9-23-19

Signed: Doug Rushlo

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

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>Ocwa</u>	Account No. <u>NY035</u>	County <u>Onondaga</u>	Block	Lot
Facility Name <u>1LT McConnell USARC/AMSA</u>	Location of Device <u>Boiler room Suspended in the air</u>			
Address <u>420 Electronics Parkway Liverpool NY 13088</u>	Street	City	Zip	
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>LF909M1QTRP</u>	Size (in inches) <u>1 1/2"</u>
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>68</u> psi
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at _____ psid <u>Never closed</u>	Date <u>09 23 19</u> M D Y
	Pressure drop across first check valve <u>1.2</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>09 23 19</u> M D Y
	Pressure drop across first check valve _____ psid			
Water Meter Number	Meter Reading	Type of Service: (check one) <u>9 Domestic 9 Fire 9 Other</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.  
Patrick Brown 12561 06/30/2021  
 Print Name Certified Tester No. Signature Expiration Date

Property owners (or owner's agent) certification that test was performed:  
Doug Fishbe AKOS LLC \_\_\_\_\_  
 Print Name Title 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	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.