CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY051 Date of Visit: 9/20/22

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____

Work Performed:

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

1. WO#'S , 18767-18770 , 18834 , 18835 , 18902 , 18903 ,
2. 18955 , 19017-19019 , 19149 , 19158 , 19180 , 18836 , 18837 ,
3. 18956 , 18988 , 19020 , 19021
4. ASSET#'S , 10051-10053 , 10064 , 10035 , 10036 , 10066 ,
5. 10069 , 10046 , 10073 , 10077 10080 , 10073 , 10077 , 190917-, 276 , 291 , 294 , 299 , 278 , IL-, 36 , 37

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/20/22

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: SGT Tanner, Shane Date: 20 Sept 22

Signed: _____

E-Mail: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Empire State Plaza - Corning Tower Room 1110
Albany, NY 12237

Report on Test and Maintenance of Backflow Prevention Device

PART A — **Please use a separate form for each device.**

For the year 2022

☐ Initial test - *Complete entire form*

☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
OSWEGO		OSWEGO		

Facility Name: USARC NY051

Address: 60 east ninth st oswego ny 13126 (Street / City / Zip)

Location of Device: MECHANICAL ROOM

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	watts	☒ RPZ ☐ DCV	009RP	3	21718

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure 71 psi
Test before repair	Leaked ☒ Closed tight ☐ Pressure drop across first check valve — psid	Leaked ☐ Closed tight ☐	Opened at — psid	Date 09 20 22 (M D Y)
Describe repairs and materials used				Repaired by Name Lic # Date repaired: M D Y
Final test	Closed tight ☐ Pressure drop across first check valve psid	Closed tight ☐	Opened at psid	Date M D Y

Water Meter Number —

Meter Reading —

Type of Service: (check one) **9** Domestic **9** Fire **9** Other

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.

Print Name	Certified Tester No.	Signature	Expiration Date
Patrick Brown	12561		6 30 24

Property owners (or owners agent) certification that test was performed:

Print Name	Title	Signature	Telephone
SGT Tanner, Shane	Training NCO	SGT	(954) 243-2944

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 (m d y)	NYS DOH Log #
License Number	Phone ( )		

Representing

Address

City | State | Zip

Signature

Describe minor installation changes

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)

INSTRUCTIONS FOR COMPLETING DOH-1013 (9/91)
REPORT ON TEST AND MAINTENANCE OF BACKFLOW PREVENTION DEVICE

PART A - To Be Completed by Certified Tester

Indicate the test year and whether initial or annual test.

Complete public water supply name, customer account number (if available) and county.

Complete block and lot (if available) for New York City Metropolitan area tests.

Complete facility name, address and specific location of device (e.g., meter room, etc.)

Complete device information including manufacturer, type, model, size and serial number.

Complete section ATest Before Repair@ and indicate:

- C Whether check valve #1 leaked or closed tight. For RPZ devices, the pressure drop accross the check valve must be at least 5.0 psid.
- C Whether check valve #2 leaked or closed tight.
- C Opening of RPZ differential pressure relief valve - must be at least 2.0 psid or device must be failed and/or repaired.
- C Complete water system line pressure in psi and indicate test date.

Describe any repairs and materials used and the name and license number of the repairer and indicate repair date.

Complete Afinal test@ section only if repairs have been made.

Indicate the water meter number/meter reading and the type of service (describe Aother@ e.g., boiler feed, irrigation line, etc.)

Complete the Remarks section if there are any deficiencies.

Complete the certification indicating if the device meets or does not meet the requirements at the time of testing - print and sign your name and indicate certificate number and expiration date.

Have the property owner (or owner=s agent) certify that test was performed.

PART B - To Be Completed By Design Engineer, Architect or Water Supplier for initial Tests Only

Complete name, title, license number, phone number, company name and address.

Sign and date form and indicate NYSDOH (or local health department/water supplier).

Describe minor installation changes.

After completion, submit copies of test reports to the supplier of water, customer, State or local heatlh department and retain copies for the tester=s personal records.

Revised 12/93