

**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 3. _____
2. _____ 4. _____

Work Performed:

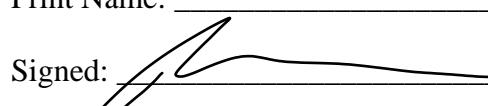
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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:

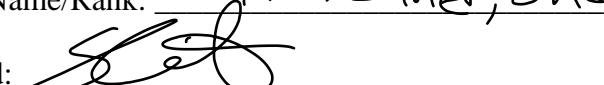
Print Name: Patrick Brown Date: 9/20/22

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: 24 Sept 22

Signed: 

E-Mail: _____

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 OSWEGO		Account No.		County Oswego	Block	Lot	
Facility Name USARC FORT ONTARIO			Location of Device				
Address 60 east 9th street oswego		Street	City	Zip	MECH ROOM 133		
Device Information	Manufacturer AMES	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 2000SS	Size (in inches) 8	Serial Number 139149-05 04		
	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure 80 psi
Test before repair	Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>	Opened at 3 psid	Date 09 20 22		
	Pressure drop across first check valve 6 psid				M	D	Y
Describe repairs and materials used					Repaired by Name _____ Lic # _____		
					Date repaired: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>	Opened at _____ psid	Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Pressure drop across first check valve _____ psid						
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 <input checked="" type="checkbox"/> meets, <input type="checkbox"/> 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		Signature	6/30/24		
Print Name Patrick Brown Certified Tester No. 12561 Signature 6/30/24 Expiration Date 6/30/24							
Property owners (or owner's agent) certification that test was performed: Sgt Tanner, Shane Training NCO SLB 854-243-2944 Print Name Sgt Tanner, Shane Title Training NCO Signature SLB Telephone 854-243-2944							

Property owners (or owner's agent) certification that test was performed:
Shane Tanner Training
Print Name Title

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									

**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 across 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 health department and retain copies for the tester's personal records.