

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY051-01 Date of Visit: 9-17-19

Contractor Personnel on Site:

1. Patrick Brown 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

### Work Performed:

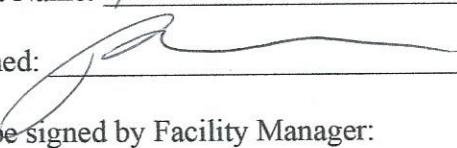
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO 5110 ASSET 10064  
2. WO 5134 ASSET 10064  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_
- 

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9-17-19

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: SFC Eric Abbott Date: 9-17-19

Signed: 

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

## Report on Test and Maintenance of Backflow Prevention Device

<p style="text-align: center;">Please use a separate form for each device.</p>					
<p>For the year <u>2019</u></p>					
<p><input type="checkbox"/> Initial test - Complete entire form  <input checked="" type="checkbox"/> Annual test - Complete Part A only</p>					
Public Water Supply <u>Oswego</u>		Account No.		County <u>Oswego</u>	Block
Facility Name <u>Fort Ontario USARC</u>		Location of Device <u>Mechanical Room #133</u>			
Address <u>60 East Ninth St Oswego Ny 13126</u>		City	Zip	West Wall	
Street					
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>009 RP</u>	Size (in inches) <u>3</u>	Serial Number <u>21718</u>
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>80</u> psi
Test before repair	Leaked Closed tight <input checked="" type="checkbox"/>		Leaked Closed tight <input type="checkbox"/> <input checked="" type="checkbox"/>	Opened at <u>2.6</u> psid	Date <u>09 17 19</u>
	Pressure drop across first check valve <u>2.4</u> psid				M D Y
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y
	Pressure drop across first check valve _____ psid				
Water Meter Number <u>7840 1691</u>	Meter Reading <u>0286 X100</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other		
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</p> <p>I hereby certify the foregoing data to be correct.</p> <p><u>Patrick Brown</u> <u>12561</u> <u>JK</u> <u>06/30/21</u></p>					
Print Name <u>Eric Abbott</u>		Certified Tester No. <u>MFIC</u>		Signature	Expiration Date
Property owner's (or owner's agent) certification that test was performed: <u>SFC Eric Abbott</u> <u>MFIC</u> <u>JK</u> <u>(315) 343 7430</u>					
Print Name <u>Eric Abbott</u>		Title <u>MFIC</u>		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"/> <input type="checkbox"/> m d y	NYS DOH Log #
License Number		Phone ( )			
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)

