

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: PA035 Date of Visit: 04/30/2019

Contractor Personnel on Site:

1. <u>Joseph Benz</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Work Performed:

Inspection, Testing, and Certification

1. <u>Backflow Prevention Testing</u>	WO 8217 ASSET 7244
2. _____	_____
3. _____	_____
4. _____	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Benz Date: 04/30/2019

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: Art McDonald, GS9 Date: 4/30/19

Signed: 

E-Mail: Arthur.r.mcdonald.civ@mail.mil

ASSE International
Reduced Pressure Principle Backflow Preventer (RP)
ASSE Standard #1013 Field Test Report

Owner of Property UNITED STATES ARMY RESERVE PA035

Address 1545 AIRPORT RD

City FRANKLIN State PA Zip Code 16323

Occupant of Property (if different from owner) _____

Occupant Address _____

City _____ State _____ Zip Code _____

Manufacturer of Assembly: WATTS Model #: 909MOD

Size of Assembly: 1.25" Serial #: 392232

Location of Assembly and Equipment or System Application: DOMESTIC WATER SERVICE - BOILER ROOM

Test Equipment:

Manufacturer: WATTS Model #: TK9A Serial #: 0104817

Calibration Date: 04/25/2019

Date test was performed: 04/30/2019 Time test was performed: 1:55 PM Static Line Pressure: 90

	Check Valve #2	Shutoff valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Leaking <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaking <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaking <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Pressure Drop Across Check Valve #1 <u>9.0</u> psid	Opened at <u>3.8</u> psid
Describe parts and repairs when needed				
Final Test	Leaking <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaking <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaking <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Pressure Drop Across Check Valve #1 <u>9.0</u> psid	Opened at <u>3.8</u> psid

Certified Tester (print) Joseph G. Benz

Address 5225 Library Rd., Ste 146

City Bethel Park State PA Zip 15102

Phone #: (412)852-4966

License #: H.P. 0683 Certification # ASSE5429

Assembly Final Test Performance

Pass

Fail

Signature 

Date: 04/30/2019

Comments or Recommendations (continue to other side, if needed): _____



MANUF.

Ultra-TS

MODEL

809

SERIAL #

3922.32

SIZE

1.25 "

TEST DATE

4/30/19

TIME

1:55P

TESTER

ASSESS429

LINE PSI

90

CK1

2.0

CK2

2.0

VALVE OPEN

3.8