

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

7/18/15

Customer Information

Customer / Property Name: Crawford County Memorial USARC

Contact Name: Becki Dithrich

Property Address: 1151 S Morgan St, Meadville, PA 16335

U.S. Army Reserve

Assembly Information

Type: RPZ

Model #: 909

Size: 1

Serial #: 633154

Manufacturer: WATTS

Hazard: Domestic

Location: Boiler Room

Assembly Test Information

Initial Test

Check Valve # 1	Check Valve #2	Relief Valve
Held at 5.8 psid	Held at 1 psid	Opened at 3.8 psid
(<input checked="" type="checkbox"/>) Closed Tight	(<input checked="" type="checkbox"/>) Closed Tight	(<input type="checkbox"/>) Did Not Open
(<input type="checkbox"/>) Leaked	(<input type="checkbox"/>) Leaked	

Repairs Made: No

Final Test

Check Valve # 1	Check Valve #2	Relief Valve
Held at 5.8 psid	Held at 1 psid	Opened at 3.8 psid
(<input checked="" type="checkbox"/>) Closed Tight	(<input checked="" type="checkbox"/>) Closed Tight	(<input type="checkbox"/>) Did Not Open
(<input type="checkbox"/>) Leaked	(<input type="checkbox"/>) Leaked	

() Pass - Based on state standards, this test qualifies as a PASSING test

() Fail - Based on state standards, this test qualifies as a FAILING test

Comments:

Test Date:

Tester Information

Tester Name: Todd Schweikert

Certification #: 29143

Test Kit Serial #: 07140234

Testing Co Name: CENTRAL HEATING & PLUMBING

Phone: 724-658-7111

Address: 925 MORIA Street NEW CASTLE PA.

**The above tester certifies that all information submitted for this report is true and accurate.

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: PA062 Date of Visit: 7-17-19

Contractor Personnel on Site:

1. Todd Schweikert
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Inspection, Testing, and Certification

1. Backflow Prevention Testing Annual (Qty 1)
2. WO 9081 Asset 7248
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Todd Schweikert Date: 7-17-19
Signed: Todd Schweikert

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: Becki Dithrich GS-09 Date: 20190717
Signed: Becki Dithrich
E-Mail: beckid@yahoo.com



