

# BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

FILED  
7/18/15

## Customer Information

Customer / Property Name: Crawford County Memorial USARV US Army Reserve

Contact Name: Becki Dittmich

Property Address: 1151 S. Morgan St, Meadville Pa 16335

## Assembly Information

Type: RPZ

Size: 1

Manufacturer: Watts

Location: Boiler Room

Model #: 909

Serial #: 633154

Hazard: Domestic

## Assembly Test Information

Initial Test		
Check Valve # 1	Check Valve #2	Relief Valve
Held at psid 5.8	Held at psid 1	Opened at psid 3.8
( / ) Closed Tight ( ) Leaked	( / ) Closed Tight ( ) Leaked	( ) Did Not Open

Repairs Made: No

Final Test		
Check Valve # 1	Check Valve #2	Relief Valve
Held at psid 5.8	Held at psid 1	Opened at psid 3.8
( / ) Closed Tight ( ) Leaked	( / ) Closed Tight ( ) Leaked	( ) Did Not Open

(X) 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 MORVIA 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. <u>Todd Schweikert</u> | 4. _____ |
| 2. _____                  | 5. _____ |
| 3. _____                  | 6. _____ |

Work Performed:

Inspection, Testing, and Certification

- |  |
|--|
| 1. <u>Backflow Prevention Testing Annual (Qty 1)</u> |
| 2. <u>WO 9081 Asset 7248</u>                         |
| 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:

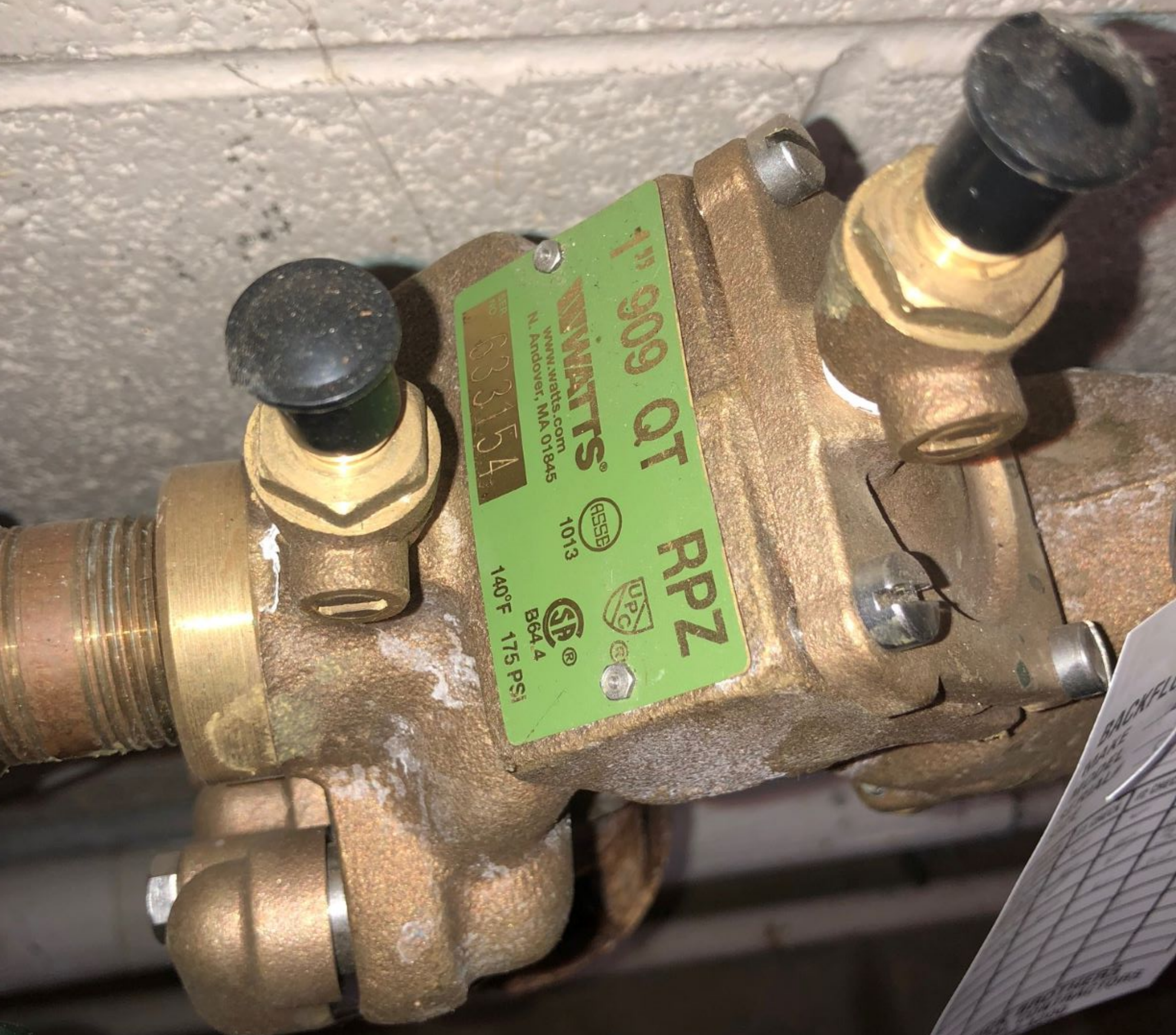
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Becki Dithrich GS-09 Date: 20190717

Signed: Becki Dithrich

E-Mail: beckid@ yahoo.com





1" 909 QT RPZ  
WATTS®  
www.watts.com  
N. Andover, MA 01845  
633154  
ASSE 1013  
UPC  
SP® B64.4  
140°F 175 PSI

BACKFLOW  
PREVENTER  
TESTING  
RECORD  
DATE  
TESTER  
FIRM  
ADDRESS  
CITY  
STATE  
ZIP



