

INSPECTION, TESTING, AND CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PA063 Date of Visit: 03/02/2018

Contractor Personnel on Site:

4. Joseph Benz 4. _____
5. _____ 5. _____
6. _____ 6. _____

Work Performed:

Inspection, Testing, and Certification

5. Backflow Prevention Testing (Qty 3) (Annual)
6. WO 3371
7. _____
8. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

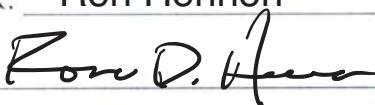
Print Name: Joseph Benz Date: 03/02/2018

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Ron Hennon Date: 03/02/2018

Signed: 

E-Mail: Ronald.d.hennon.civ@mail.mil

ASSE International

Double Check Backflow Prevention Assembly (DC)

ASSE Standard #1015 Field Test Report

Owner of Property PA063 ARMY RESERVE CENTER

Address 410 MILLER AVE.

City NEW CASTLE State PA

Zip Code 16101

Occupant of Property (if different from owner)

Occupant Address

City State Zip Code

Manufacturer of Assembly: CONBRACO Model #: 4010802

Size of Assembly: 2" Serial #: 18215

Location of Assembly and Equipment or System Application: MAINTENANCE ROOM

DOMESTIC SERVICE CONTAINMENT GARAGE

Test Equipment:

Manufacturer: WATTS Model #: TK9A Serial #: 0104817

Calibration Date: 04/25/2017

Date test was performed: 03/02/2018 Time test was performed: 1:30 PM Static Line Pressure: 80 PSI

	Check Valve #1	Check Valve #2	Shutoff valve #2
Initial Test	Leaking () psid <u>1.6</u> Closed Tight (✓)	Leaking () psid <u>1.4</u> Closed Tight (✓)	Leaking () Closed Tight (✓)
Describe parts and repairs when needed			
Final Test	Leaking () psid <u>1.6</u> Closed Tight (✓)	Leaking () psid <u>1.4</u> Closed Tight (✓)	Leaking () Closed Tight (✓)

Certified Tester (print) Joseph G Benz

Address 5225 Library Road, Suite 146

City Bethel Park State PA Zip 15102

Phone #: (412)852-4966

License #: H.P. 0683 Certification # ASSE5429

Assembly Final Performance

Pass



Fail



Signature  Date: 03/02/18

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

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

Owner of Property PA063 ARMY RESERVE CENTER

Address 410 MILLER AVE.

City NEW CASTLE State PA Zip Code 16101

Occupant of Property (if different from owner) _____

Occupant Address _____

City _____ State _____ Zip Code _____

Manufacturer of Assembly: WATTS Model #: 909QT

Size of Assembly: 3/4" Serial #: 025828

Location of Assembly and Equipment or System Application: MAINTENANCE ROOM

EQUIPMENT ISOLATION - BOILER

Test Equipment:

Manufacturer: WATTS Model #: TK9A Serial #: 0104817

Calibration Date: 04/25/2017

Date test was performed: 03/02/2018 Time test was performed: 1:15 PM Static Line Pressure: 80 PSI

	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>7.2</u> psid	Opened at <u>2.0</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>7.2</u> psid	Opened at <u>2.0</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: 03/02/18

Comments or Recommendations (continue to other side, if needed): THIS IS A NEWLY INSTALLED DEVICE THAT REPLACES THE OLD DEVICE SER # 545691

ASSE International
Double Check Backflow Prevention Assembly (DC)
ASSE Standard #1015 Field Test Report

Owner of Property PA063 ARMY RESERVE CENTER

Address 410 MILLER AVE.

City NEW CASTLE State PA Zip Code 16101

Occupant of Property (if different from owner) _____

Occupant Address _____

City _____ State _____ Zip Code _____

Manufacturer of Assembly: CONBRACO Model #: 4010902

Size of Assembly: 2.5" Serial #: J3297

Location of Assembly and Equipment or System Application: MAINTENANCE ROOM
DOMESTIC SERVICE CONTAINMENT MAIN BUILDING

Test Equipment:

Manufacturer: WATTS Model #: TK9A Serial #: 0104817

Calibration Date: 04/25/2017

Date test was performed: 03/02/2018 Time test was performed: 1:20 PM Static Line Pressure: 90 PSI

	Check Valve #1	Check Valve #2	Shutoff valve #2
Initial Test	Leaking () psid <u>1.8</u> Closed Tight (✓)	Leaking () psid <u>1.8</u> Closed Tight (✓)	Leaking () Closed Tight (✓)
Describe parts and repairs when needed			
Final Test	Leaking () psid <u>1.8</u> Closed Tight (✓)	Leaking () psid <u>1.8</u> Closed Tight (✓)	Leaking () Closed Tight (✓)

Certified Tester (print) Joseph G Benz

Address 5225 Library Road, Suite 146

City Bethel Park State PA Zip 15102

Phone #: (412)852-4966

License #: H.P. 0683 Certification # ASSE5429

Assembly Final Performance

Pass

Fail

Signature Joseph G Benz Date: 03/02/18

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



MANUF. Watts MODEL 9098T
SERIAL # 025828 SIZE 3/4
TEST DATE 3/2/18 TIME 1:15P
TESTER ASSESS429 LINE PSI 80
CK1 7.2 CK2 6.4 VALVE OPEN 2.0







MANUF. CONBRACO MODEL 4010802

SERIAL # I 8215 SIZE 2"

TEST DATE 3/21/18 TIME 1:30P

TESTER ASSESS429 LINE PSI 80

CK1 1.6 CK2 1.4 VALVE OPEN NA

18215

2

4010802

MANUF. ConBeaco MODEL 4010902
SERIAL # 13297 SIZE 2.5"
TEST DATE 3/2/18 TIME 1:20P
TESTER ASS65429 LINE PSI 90
CK1 1.8 CK2 1.8 VALVE OPEN MM



APPROVED
CONTRACTOR