

### 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: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

#### Work Performed:

#### Inspection, Testing, and Certification

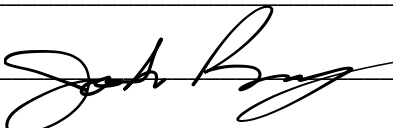
- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

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### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_  


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

TEST AND MAINTENANCE REPORT FORM  
RPZ - - Reduced Pressure Zone Assembly - - RPZ

**Company Name:** 99TH RSC PA168 **Account No.:** \_\_\_\_\_  
**Service Address:** 9060 MARSHALL RD., CRANBERRY TWP PA 16066 **Phone No.:** (724)720-6404  
**Contact Person:** NICHOLAS VACCARO **Device Type:** RPZ  
**Manufacturer:** APOLLO **Size:** 2" **Model:** RP40 **Serial No.:** 170560  
**Degree of Hazard:** RPZ **Location :** GARAGE MECH ROOM **Meter No.:** \_\_\_\_\_

**INSTRUCTIONS TO APPROVED TESTERS:** All applicable information must be typed. Please use "Y" or "N" to respond to YES or NO questions. All Certified testers must be current with the Township. Visit Township Website for instructions or call (724) 776-4806 ext. 1515

**INITIAL TEST OF DEVICE**

Check Valve #1	Closed Tight: Y 7.6	PSID	
Check Valve #2	Closed Tight: Y 1.8	PSID	Leaked: YES / NO ✓
Differential PRV	Opened at: 3.0	PSID	Did not open: _____

**MAINTENANCE OF DEVICE**

Check Valve #1	Cleaned: _____	Repaired: _____
Check Valve #2	Cleaned: _____	Repaired: _____
Differential PRV	Cleaned: _____	Repaired: _____

**CHANGED OR NEW DEVICE INSTALLED (Must be tested on line)**

Date: _____ / _____ / _____	
Device Type: _____	Manufacturer: _____ Size: _____
Model: _____	Serial No.: _____

**FINAL TEST OF DEVICE (If device fails – must be completed)**

Check Valve #1	Closed Tight: _____	PSID
Check Valve #2	Closed Tight: _____	PSID
Differential PRV	Opened at: _____	PSID

DEVICE PASSED: Y DATE TESTED: 03 / 12 / 2019

Additional comments: \_\_\_\_\_

Testing Device Manufacturer: WATTS Model No.: TK9A Date Last Calibrated 04 / 25 / 18

The above report is certified to be true.

  
Signature of Certified Tester

PITTSBURGH BACKFLOW TESTING LLC  
Testing Company

**RETURN ORIGINAL TO:**

Cranberry Township Public Works  
Sewer & Water Division  
2525 Rochester Road, Suite 400  
Cranberry Township, PA 16066  
(724) 776-4806  
<http://www.cranberrytownship.org>  
Joseph.Leavens@cranberrytownship.c

MANUF. APOLLO MODEL RP40  
SERIAL # 170560 SIZE 2"  
TEST DATE 3/12/19 TIME 12:25P  
TESTER ASSE5429  
CK1 7.6 CK2 1.8 LINE PSI 60  
VALVE OPEN 3.0