

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:

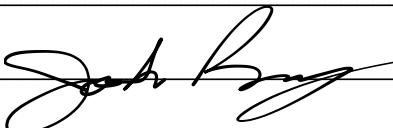
Inspection, Testing, and Certification

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

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: WATTS **Size:** 3" **Model:** 009 **Serial No.:** 12037
Degree of Hazard: RPZ **Location :** MECHANICAL 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 8.2	PSID	
Check Valve #2	Closed Tight: Y 1.2	PSID	Leaked: YES / NO ✓
Differential PRV	Opened at: 2.2	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

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: WILKINS **Size:** 1/2" **Model:** 975XL **Serial No.:** 1359614
Degree of Hazard: RPZ **Location :** MECHANICAL ROOM **Meter No.:** _____

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INITIAL TEST OF DEVICE

Check Valve #1	Closed Tight: Y 8.6	PSID	
Check Valve #2	Closed Tight: Y 1.0	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)

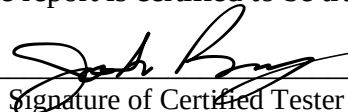
Check Valve #1	Closed Tight: _____	PSID
Check Valve #2	Closed Tight: _____	PSID
Differential PRV	Opened at: _____	PSID

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

Additional comments: _____

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

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<http://www.cranberrytownship.org>
Joseph.Leavens@cranberrytownship.c

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: WILKINS **Size:** 3/4" **Model:** 975XL **Serial No.:** 2990239
Degree of Hazard: RPZ **Location :** MECHANICAL ROOM **Meter No.:** _____

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INITIAL TEST OF DEVICE

Check Valve #1	Closed Tight: Y 9.0	PSID	
Check Valve #2	Closed Tight: Y 1.4	PSID	Leaked: YES / NO ✓
Differential PRV	Opened at: 2.8	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)

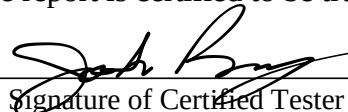
Check Valve #1	Closed Tight: _____	PSID
Check Valve #2	Closed Tight: _____	PSID
Differential PRV	Opened at: _____	PSID

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

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Testing Company

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MANUF. WILKINS MODEL 975XL

SERIAL # 2990239 SIZE 3/4"

TEST DATE 3/12/19 TIME 12:15P

TESTER ASSE5429 LINE PSI 50

CK1 9.0 CK2 1.4 VALVE OPEN 2.8



MANUF. Wilkins MODEL 975XL
SERIAL # 1359614 SIZE 1/2"
TEST DATE 3/12/19 TIME 12:05
TESTER ASSE5429 LINE PSI 50
CK1 8.6 CK2 1.0 VALVE OPEN 3.0

MANUF. Watts MODEL 009
SERIAL # 12037 SIZE 3
TEST DATE 3/12/19 TIME 12:00P
TESTER ASS#5429 LINE PSI 65
CK1 8.2 CK2 1.2 VALVE OPEN 2-2

TEST COCK
No. 1 2 3 4