

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: PA209 Date of Visit: 08/23/2019

Contractor Personnel on Site:

1. <u>Joseph Benz</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Work Performed:

Inspection, Testing, and Certification

1. <u>Backflow Testing (Qty 1)</u>
2. <u>WO 10335 Asset 7260</u>
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Benz Date: 08/23/2019

Signed: 

To be signed by Facility Manager:

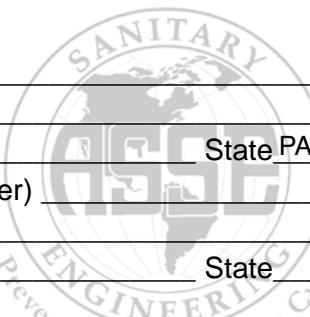
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Carla Barnes Date: 8/23/19

Signed: 

E-Mail: Carla.s.barnes.civ@mail.mil

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



Owner of Property PA209

Address 7001 KLER DR.

City FAIRVIEW State PA Zip Code 16415

Occupant of Property (if different from owner) _____

Occupant Address _____

City _____ State _____ Zip Code _____

Manufacturer of Assembly: WILKINS Model #: 375

Size of Assembly: 3" Serial #: L49224

Location of Assembly and Equipment or System Application: POINT OF ENTRY IN BOILER ROOM
DOMESTIC WATER SERVICE CONTAINMENT

Test Equipment:

Manufacturer: WATTS Model #: TK9A Serial #: 0104817

Calibration Date: 04/25/2019

Date test was performed: 08/23/2019 Time test was performed: 4:20 PM Static Line Pressure: 50

	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>8.2</u> psid	Opened at <u>2.6</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>8.2</u> psid	Opened at <u>2.6</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: 08/23/2019

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

MANUF. WILKINS MODEL 375
SERIAL # L49224 SIZE 3"
TEST DATE 8/23/19 TIME 4:20P
TESTER ASSISTANT LINE PSI 50
O2I 8.2 O2 2.0 VALVE OPEN 2.6