

**CERTIFICATION OF WORK
SERVICE CALL**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY010 BLDG1 Date of Visit: 11/21/24

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 98638 WO# 16384

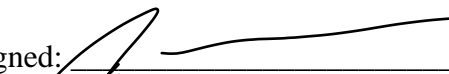
Description of Repairs

I removed the old backflow. That was leaking out of
the RPZ Uninstalled , a new Backflow prevention
device I tested for proper operation and then I did a
annual certification on the back flow

CERTIFICATION OF WORK

To be signed by the Contractor:

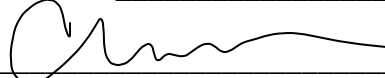
Print Name: Patrick Brown Date: 11/21/24

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: Chanel S-Ikiso Date: 11/21/24

Signed: 

E-Mail: _____

Report on Test and Maintenance of Backflow Prevention Device

PART A

Please use a separate form for each device.

For the year 2024
☐ Initial test - Complete entire form
☒ Annual test - Complete Part A only

Public Water Supply <u>Eric County</u>		Account No. <u>NY010</u>		County <u>Eric</u>		Block		Lot															
Facility Name <u>Amherst USARC</u>				Location of Device <u>basement mechanical room</u>																			
Address <u>100 north forest rd, Amherst NY 14221</u>																							
Device Information		Manufacturer <u>watts</u>		Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV		Model <u>957RP</u>		Size (in inches) <u>3</u>		Serial Number <u>YG2748</u>													
		Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure _____ psi															
Test before repair		Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Leaked <input type="checkbox"/> Closed tight <input checked="" type="checkbox"/>		Opened at <u>3</u> psid		Date <table><tr><td><u>1</u></td><td><u>1</u></td><td><u>2</u></td><td><u>1</u></td><td><u>2</u></td><td><u>4</u></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>				<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>4</u>	M	D	Y			
		<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>	<u>4</u>																
M	D	Y																					
		Pressure drop across first check valve <u>8.2</u> psid																					
Describe repairs and materials used								Repaired by Name _____ Lic # _____ Date repaired: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>										M	D	Y			
M	D	Y																					
Final test		Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid		Date <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>M</td><td>D</td><td>Y</td><td></td><td></td><td></td></tr></table>										M	D	Y			
M	D	Y																					
		Pressure drop across first check valve _____ psid																					
Water Meter Number <u>75133765</u>		Meter Reading <u>00,670,2 x 100</u>		Type of Service: (check one) <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Other _____																			

Remarks (Describe deficiencies: bypasses, outlets before the device, connections between the device and point of entry, missing or inadequate airgaps, etc.)

Certification: This device ☒ meets, ☐ does NOT meet, the requirements of an acceptable containment device at the time of testing
I hereby certify the foregoing data to be correct.

Print Name Patrick Brown Certified Tester No. 12561 Signature _____ Expiration Date 06/30/27

Property owner's (or owner's agent) certification that test was performed:

Print Name Charles Stasio Title AFOS Signature _____ Telephone (716) 275-4317

PART B

Certification that installation is in accordance with the approved plans.

(To be completed by the design engineer or architect or water supplier.)

I hereby certify that this installation is in accordance with the approved plans.

Name		Title		Date		NYS DOH Log #			
License Number		Phone ()		m d y					
Representing				Describe minor installation changes					
Address									
City		State						Zip	
Signature _____									

NOTE: Send one completed copy to the designated health department representative and one copy to the water supplier within 30 days of the testing device.
Notify owner and water supplier immediately if device fails test and repairs cannot immediately be made.



