

## **CERTIFICATION OF WORK SERVICE CALL**

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

FACID/Building: NY065 Date of Visit: 5/9/2024

### Contractor Personnel on Site:

1. Byan Frankowski      4. \_\_\_\_\_  
2. \_\_\_\_\_      5. \_\_\_\_\_  
3. \_\_\_\_\_      6. \_\_\_\_\_

## Service Call Number

CSS# 96785 WO# 15021

## Description of Repairs

Inspected, tested and certified the 2 inch backflow preventer.

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Julie Pape Date: 5/14/2024

Signed: Julie Page

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 Stasio Date: May 14, 2024

Signed: Mark Steiner

E-Mail: Chanelmusette@gmail.com

PART A		Please use a separate form for each device.				For The Year	2024	
				<input type="checkbox"/>	Initial Test Complete Entire Form			
Public Water Supply		Account No.	County	Block		Lot		
Fire co water			Erie					
Facility Name PFC Charles Deglopper AFRC		Location of Device Community Room closet						
Address 2393 colvin Blvd Tonawanda 14210		City Zip						
Device Information	Manufacturer water	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model 909MIQ+	Size (in Inches) 2		Serial Number 450417		
	Check Valve #1	Check Valve #2		Differential Pressure Relief Valve		Line Pressure 55 psi		
Test Before	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>		Opened at 24 psid		Date 05 09 24		
Repair	Pressure Drop Across first check valve 9.8 psid	9.2 psid		Leaked <input type="checkbox"/>		M D Y		
Describe repairs and materials used					Repaired By			
					Name: _____			
					Lic #: _____			
					Date Repaired:			
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		M D Y	
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Opened at _____ psid		Date Repaired:		
	Pressure Drop Across first check valve _____ psid					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Water Meter Number 16356064		Meter Reading 749091		Type of Service (Check One) <input 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.)								
<p>Certification: This device: <input checked="" type="checkbox"/> meets, <input type="checkbox"/> does NOT meet, the requirements of an acceptable containment device at the time of testing I hereby certify the foregoing data to be correct.</p> <p><u>Bryan Frankowski</u> <u>14980</u> <u>Rufyjew</u> <u>31/31/26</u></p> <p>Print Name Certified Tester No Signature Expiration Date</p>								
Property Owner's (or owners agent) certification that test was performed:								
<u>Troyon Y Park</u>		<u>Training NCO</u>		<u>Signature</u>		<u>Telephone</u>		
<p>PART B</p> <p>Certification that installation is in accordance with the approved plans.</p> <p>(To be completed by the design engineer or architect or water supplier)</p>								
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								