CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY051 Date of Visit: 9/22/21

Contractor Personnel on Site:

1. PATRICK BROWN
2. _____
3. _____
4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 14415 , 14465-14468 , 14538 , 14539 , 14610 , 14611 ,
2. 14666-14668 , 14806 , 14814 , 14830 , 14540 , 14541 , 14635 , 14669 ,
3. 14670
4. ASSET#'S , 10064 , 10051-10053 , 10035 , 10036 , 10066 , 10069 ,
5. 10046 , 10073 , 10077 , 10080 , 190917-, 276 , 291 , 294 , 299 , 278

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/22/21

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: SSG Jimmy Almonor Date: 9/22/21

Signed: _____

E-Mail: _____

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Public Water Supply Protection
Empire State Plaza - Corning Tower Room 1110
Albany, NY 12237

Report on Test and Maintenance of Backflow Prevention Device

PART A — WO# 14415, 14468 ASSET# 10064 — **Please use a separate form for each device.**

For the year 2021
☐ Initial test - *Complete entire form*
☒ Annual test - *Complete Part A only*

Public Water Supply	Account No.	County	Block	Lot
Oswego		Oswego		

Facility Name NY051 USARC Oswego
Address 60 E. Ninth St. (Street) Oswego (City) NY (Zip) 13126

Location of Device: Mech Room 133 South Wall

Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	Watts	☒ RPZ ☐ DCV	009 RP	3	21718

Line Pressure 25 psi

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
Test before repair	Leaked ☐ Closed tight ☒ Pressure drop across first check valve 7.6 psid	Leaked ☐ Closed tight ☒	Opened at 3.4 psid Date 09 22 21 (M D Y)
Describe repairs and materials used			Repaired by Name Lic # Date repaired: (M D Y)
Final test	Closed tight ☐ Pressure drop across first check valve _____ psid	Closed tight ☐	Opened at _____ psid Date (M D Y)

Water Meter Number 78401691
Meter Reading 829,5 x100
Type of Service: (check one) (Domestic) Fire 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.

Patrick Brown (Print Name) — 12561 (Certified Tester No.) — [signature] (Signature) — 09/30/24 (Expiration Date)

Property owners (or owners agent) certification that test was performed:

Jimmy Almonor (Print Name) — Recon NCO (Title) — [signature] (Signature) — (315) 399-1487 (Telephone)

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 (m d y)	NYS DOH Log #
License Number	Phone ( )		

Representing
Address
City | State | Zip
Signature

Describe minor installation changes

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.

DOH- 1013(9/91)