

**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. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 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

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**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: \_\_\_\_\_

# Report on Test and Maintenance of Backflow Prevention Device

PART A

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

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

Public Water Supply <u>OSwego</u>		Account No.		County <u>OSwego</u>	Block	Lot
Facility Name <u>NYSARC Oswego</u>				Location of Device <u>Mech Room 133</u>		
Address <u>60 E. Ninth St. Oswego NY 13126</u>				South Wall		
Device Information		Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>009 RP</u>	Size (in inches) <u>3</u>	Serial Number <u>21718</u>
Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve		Line Pressure <u>25</u> 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>3.4</u> psid	Date <u>09</u> <u>22</u> <u>21</u> M D Y
	Pressure drop across first check valve <u>7.6</u> psid					
Describe repairs and materials used						Repaired by Name _____ Lic # _____ Date repaired: _____ M D Y
Final test	Closed tight <input type="checkbox"/>		Closed tight <input type="checkbox"/>		Opened at _____ psid	Date _____ M D Y
	Pressure drop across first check valve _____ psid					
Water Meter Number <u>78401691</u>		Meter Reading <u>829.5</u> x 100		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 09/30/24

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

Print Name Jimmy Almonar Title Recon NCO

Signature

Telephone 315-399-1487

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.