

**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 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

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

Please use a separate form for each device.

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

WO# 14806 ASSET# 190917-291

Public Water Supply <u>Oswego</u>	Account No.	County <u>Oswego</u>	Block	Lot
Facility Name <u>NY051 USARC Oswego</u>	Location of Device <u>Mech Room 133</u>			
Address <u>60 E Ninth St Oswego NY 13126</u>	Street	City	Zip	<u>Above Hotwater Boiler</u>
Device Information	Manufacturer <u>Watts</u>	Type <input checked="" type="checkbox"/> RPZ <input type="checkbox"/> DCV	Model <u>009M201</u>	Size (in inches) <u>2"</u>
	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Line Pressure <u>62</u> psi
Test before repair	Leaked <input checked="" type="checkbox"/> Closed tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/>	Opened at <u>0</u> psid	Date <u>09 22 21</u> M D Y
	Pressure drop across first check valve <u>6.2</u> psid			
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 <u> </u> M D Y
	Pressure drop across first check valve _____ psid			
Water Meter Number	Meter Reading	Type of Service: (check one) Domestic Fire Other <u>Boiler Feed</u>		

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.

P
Signature

9/30/24
Expiration Date

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

Jimmy Almonor
Print Name

Recon NCO
Title

P
Signature

305399-1487
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NYS DOH Log # _____
License Number	Phone ()	m d y	_____
Representing		Describe minor installation changes	
Address			
City	State	Zip	
Signature _____			

Report on Test and Maintenance
of Backflow Prevention Device

PART A

Please use a separate form for each device.

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

WO# 14806 ASSET# 190917-276

Public Water Supply <u>Oswego</u>	Account No.	County <u>Oswego</u>	Block	Lot						
Facility Name <u>NYOSI USARC Oswego</u>	Location of Device <u>Mech Room 133</u>									
Address <u>60 E. Ninth St Oswego NY 13126</u>	Street	City	Zip	<u>South wall</u>						
Device Information	Manufacturer <u>AMES</u>	Type <input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	Model <u>2000SS</u>	Size (in inches) <u>8</u>						
	Check Valve No. 1		Check Valve No. 2	Differential Pressure Relief Valve						
Test before repair	Leaked <input type="checkbox"/>	Closed tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ psid						
	Pressure drop across first check valve <u>9</u> psid			Date <u>09 22 21</u> M D Y						
Describe repairs and materials used				Repaired by Name _____ Lic # _____ Date repaired: <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>M</td><td>D</td><td>Y</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 border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>M</td><td>D</td><td>Y</td></tr></table>				M	D	Y
M	D	Y								
Pressure drop across first check valve _____ psid										
Water Meter Number _____		Meter Reading _____	Type of Service: (check one) Domestic <input checked="" 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.

Patrick Brown

12561

Certified Tester No.

Signature

09/30/24

Expiration Date

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

Jimmy Almonor

Recon.NCO

Title

Signature

30539-1487

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						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.

DOH- 1013(9/91)