

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/31/21

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 , 14411 , 14493 , 14494 , 14555-14559 , 14616 , 14642 ,
2. 14643 , 14723-14727 , 14808 , 14815 , 14833 , 14495 , 14644 ,
3. ASSET#'S , 10564 , 10565 , 10547-10550 , 10558 , 10612 ,
4. 10610 , 10615 , 10558 , 10628 , 10641 , 190917-, 423 , 424 ,
5. 427 , 428 , 420 , 450 , 422

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/31/21

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: AMMIE MEARERO Date: 8/31/21

Signed: 

E-Mail: _____

Report on Test and Maintenance
of Backflow Prevention Device

WO#14808 Asset# 190917-420

Please use a separate form for each device.

For the year 2021

Initial test - Complete entire form

Annual test - Complete Part A only

PART A

Public Water Supply

MV.WA.

Account No.

County

Oneida

Block

Lot

Facility Name

NY067 USHRC Utica

Address

95 Burrsone Rd Utica NY 13502

Street

City

Zip

Location of Device

AHU Room

Next to cooling pumps lower Basem

Device Information

Manufacturer

Watts

Type

RPZ

DCV

Model

CO7M3GT

Size (in inches)

3/4

Serial Number

297981

Check Valve No. 1

Check Valve No. 2

Differential Pressure Relief Valve

Line Pressure 86 psi

Test before repair

Leaked
Closed tight

Leaked
Closed tight

Opened at _____ psid

NA

Date

09 21 21

M D Y

Pressure drop across first check valve
9.1 psid

Describe repairs and materials used

Repaired by

Name _____

Lic # _____

Date repaired:

M D Y

Final test

Closed tight

Closed tight

Opened at _____ psid

Date

M D Y

Pressure drop across first check valve _____ psid

Water Meter Number

72230239

Meter Reading

01533976

Type of Service: (check one)

Domestic Fire

Other

cooling system

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

Signature

9/30/24

Expiration Date

Print Name

Certified Tester No.

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

William J Montes

54 NCOIC

Title

Signature

787639-4791

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