

**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

For the year 2021

Please use a separate form for each device.

- ☐ Initial test - Complete entire form  
☒ Annual test - Complete Part A only

## PART A

Public Water Supply	M.V.W.A.	Account No.	County	Block	Lot
Facility Name		Location of Device			
Address		Next to cooling pumps lower Basement			
Device Information	Manufacturer	Type	Model	Size (in inches)	Serial Number
	Watts	<input type="checkbox"/> RPZ <input checked="" type="checkbox"/> DCV	007M30+	3/4	297981
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"/> Closed tight <input checked="" type="checkbox"/>		Opened at _____ psid	Date
	Pressure drop across first check valve		M D Y		
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
	Pressure drop across first check valve _____ psid		M D Y		
Water Meter Number		Meter Reading		Type of Service: (check one)	
72230239		0,153,397.6		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Fire <input checked="" type="checkbox"/> 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.

Patric Brown 12561 Signature 9,30,24  
Print Name Certified Tester No. Signature Expiration Date

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

William J Montes 54 NCOIC Signature Telephone  
Print Name Title Signature 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.