

INSPECTION, TESTING, AND CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PA063 Date of Visit: 03/02/2018

Contractor Personnel on Site:

4. <u>Joseph Benz</u>	4. _____
5. _____	5. _____
6. _____	6. _____

Work Performed:

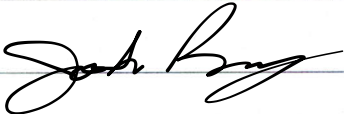
Inspection, Testing, and Certification

5. <u>Backflow Prevention Testing (Qty 3) (Annual)</u>
6. <u>WO 2317</u>
7. _____
8. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

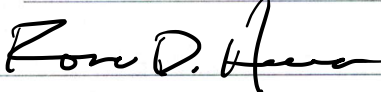
Print Name: Joseph Benz Date: 03/02/2018

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Ron Hennon Date: 03/02/2018

Signed: 

E-Mail: Ronald.d.hennon.civ@mail.mil

ASSE International

Double Check Backflow Prevention Assembly (DC) ASSE Standard #1015 Field Test Report

Owner of Property PA063 ARMY RESERVE CENTER
Address 410 MILLER AVE.
City NEW CASTLE State PA Zip Code 16101
Occupant of Property (if different from owner) _____
Occupant Address _____
City _____ State _____ Zip Code _____
Manufacturer of Assembly: CONBRACO Model #: 4010802
Size of Assembly: 2" Serial #: I8215
Location of Assembly and Equipment or System Application: MAINTENANCE ROOM
DOMESTIC SERVICE CONTAINMENT GARAGE

Test Equipment:
Manufacturer: WATTS Model #: TK9A Serial #: 0104817
Calibration Date: 04/25/2017


Date test was performed: 03/02/2018 Time test was performed: 1:30 PM Static Line Pressure: 80 PSI

	Check Valve #1	Check Valve #2	Shutoff valve #2
Initial Test	Leaking () psid <u>1.6</u> Closed Tight (✓)	Leaking () psid <u>1.4</u> Closed Tight (✓)	Leaking () Closed Tight (✓)
Describe parts and repairs when needed			
Final Test	Leaking () psid <u>1.6</u> Closed Tight (✓)	Leaking () psid <u>1.4</u> Closed Tight (✓)	Leaking () Closed Tight (✓)

Certified Tester (print) Joseph G Benz
Address 5225 Library Road, Suite 146
City Bethel Park State PA Zip 15102
Phone #: (412)852-4966
License #: H.P. 0683 Certification # ASSE5429

Assembly Final Performance

Pass ☒
Fail ☐

Signature  Date: 03/02/18

Comments or Recommendations (continue to other side, if needed): _____

ASSE International

Reduced Pressure Principle Backflow Preventer (RP) ASSE Standard #1013 Field Test Report

Owner of Property PA063 ARMY RESERVE CENTER
Address 410 MILLER AVE.
City NEW CASTLE State PA Zip Code 16101
Occupant of Property (if different from owner) _____
Occupant Address _____
City _____ State _____ Zip Code _____

Manufacturer of Assembly: WATTS Model #: 909QT
Size of Assembly: 3/4" Serial #: 025828
Location of Assembly and Equipment or System Application: MAINTENANCE ROOM
EQUIPMENT ISOLATION - BOILER

Test Equipment:
Manufacturer: WATTS Model #: TK9A Serial #: 0104817
Calibration Date: 04/25/2017

Date test was performed: 03/02/2018 Time test was performed: 1:15 PM Static Line Pressure: 80 PSI

	Check Valve #2	Shutoff valve #2	Check Valve #1	Pressure Differential Relief Valve
Initial Test	Leaking () Closed Tight (✓)	Leaking () Closed Tight (✓)	Leaking () Closed Tight (✓) Pressure Drop Across Check Valve #1 <u>7.2</u> psid	Opened at <u>2.0</u> psid
Describe parts and repairs when needed				
Final Test	Leaking () Closed Tight (✓)	Leaking () Closed Tight (✓)	Leaking () Closed Tight (✓) Pressure Drop Across Check Valve #1 <u>7.2</u> psid	Opened at <u>2.0</u> psid

Certified Tester (print) Joseph G. Benz
Address 5225 Library Rd., Ste 146
City Bethel Park State PA Zip 15102
Phone #: (412)852-4966
License #: H.P. 0683 Certification # ASSE5429

Assembly Final Test Performance

Pass ☒
Fail ☐

Signature  Date: 03/02/18

Comments or Recommendations (continue to other side, if needed): THIS IS A NEWLY INSTALLED DEVICE THAT REPLACES THE OLD DEVICE SER # 545691

ASSE International

Double Check Backflow Prevention Assembly (DC) ASSE Standard #1015 Field Test Report

Owner of Property PA063 ARMY RESERVE CENTER
Address 410 MILLER AVE.
City NEW CASTLE State PA Zip Code 16101
Occupant of Property (if different from owner) _____
Occupant Address _____
City _____ State _____ Zip Code _____
Manufacturer of Assembly: CONBRACO Model #: 4010902
Size of Assembly: 2.5" Serial #: J3297
Location of Assembly and Equipment or System Application: MAINTENANCE ROOM
DOMESTIC SERVICE CONTAINMENT MAIN BUILDING

Test Equipment:
Manufacturer: WATTS Model #: TK9A Serial #: 0104817
Calibration Date: 04/25/2017


Date test was performed: 03/02/2018 Time test was performed: 1:20 PM Static Line Pressure: 90 PSI

	Check Valve #1	Check Valve #2	Shutoff valve #2
Initial Test	Leaking () psid <u>1.8</u> Closed Tight (✓)	Leaking () psid <u>1.8</u> Closed Tight (✓)	Leaking () Closed Tight (✓)
Describe parts and repairs when needed			
Final Test	Leaking () psid <u>1.8</u> Closed Tight (✓)	Leaking () psid <u>1.8</u> Closed Tight (✓)	Leaking () Closed Tight (✓)

Certified Tester (print) Joseph G Benz
Address 5225 Library Road, Suite 146
City Bethel Park State PA Zip 15102
Phone #: (412)852-4966
License #: H.P. 0683 Certification # ASSE5429

Assembly Final Performance

Pass ☒
Fail ☐

Signature  Date: 03/02/18

Comments or Recommendations (continue to other side, if needed): _____



MANUF. WATTS MODEL 209AT
SERIAL # 025828 SIZE 3/4
TEST DATE 3/2/18 TIME 1:15P
TESTER ASSE.5429 LINE PSI 80
CK1 7.2 CK2 6.4 VALVE OPEN 2.0



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100 PSI
101
RPZ

OUT



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MANUF. CONIBRACO MODEL 4010802

SERIAL # I 8215 SIZE 2"

TEST DATE 3/2/18 TIME 1:30P

TESTER ASSK5429 LINE PSI 80

CK1 1.6 CK2 1.4 VALVE OPEN NA

18215

2

4010802

MANUF. CONBRACO MODEL 4010902

SERIAL # J3297 SIZE 2.5"

TEST DATE 3/2/18 TIME 1:20P

TESTER ASSE5429 LINE PSI 90

CK1 1.8 CK2 1.8 VALVE OPEN NA



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1" Apollo
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