CERTIFICATION OF WORK

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

FACID/Building: WV005-02 Date of Visit: 22APR19

Contractor Personnel on Site:

1. GEORGE E. GRANT 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# _____

Service Calls – Service Call Number and Description

1. ~~CSS#~~ TEST & CERTIFY BFP - MOTOR POOL
2. CSS# _____
3. CSS# _____

_Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: GEORGE E. GRANT Date: 22APR19

Signed: Geo. E. G

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: _____ Date: _____

Signed: _____

E-Mail: _____

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC BLUEFIELD WV005-02 **Address:** 532 CUMBERLAND RD BLUEFIELD W
Contact Person: MRS GALLIMORE **Phone No.** 304-324-2866 EXT 1000

Assembly Information

Make: WILKINS
Model: 975XL RPZ
Size: 2"
Serial Number: 12BAB ASSE1013

Installation Information

(Containment) Isolation

Meter Pit | Basement | Floor Number: 1
Penthouse | Boiler Room | Room Number: MECH Rm
(Mechanical Room) | Protection Provided: CITY WATER CONTAINMENT

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
Date 22APR19	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	7.6 psid	(Pass) Fail
Relief Valve Opening Point	3.2 psid	(Pass) Fail
2nd Check Valve		(Pass) Fail
Outlet Valve	(Pass)	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

Repairs & Materials Used	

Double Check Assembly

Re-Test After Repairs	Outlet Valve		Pass Fail
	1st Check Valve	___psid	Pass Fail
Date _____	2nd Check Valve	___psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	____ psid	Pass Fail
Relief Valve Opening Point	____ psid	Pass Fail
2nd Check Valve		Pass Fail
Outlet Valve	Pass	Fail

Pressure Vacuum Breaker

Air Inlet Valve	___ psig	Pass Fail
Check Valve	___ psig	Pass Fail

TESTER CERTIFICATION: *I certify that the above data is correct and that the backflow prevention device is in proper working condition.*

Tester Name (Printed) GEORGE E. GRANT **Signature** Geo. E. G
Phone 304-663-8670 **Company Name** I.S.G. **WV Cert. No.** 32814 **Date** 22APR19

FACILITY CERTIFICATION: *I hereby certify that the above backflow prevention device has been in constant use at this location during the entire prescribed interval between test periods and during that period this device was not bypassed, made inoperative or removed without proper authorization. I further certify that I have the authority and responsibility to ensure the above.*

Owner/Officer (Printed) Thelma Gallimore Signature TGallimore 304-324-2866
Title: VA Date: 22 April 2019 Phone No. 1000

Return White Copy With $_____ fee to:

Phone
Fax: