Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC [illegible] BLDG
Contact Person: [illegible]

Address: [illegible] WV
Phone No. 304-[illegible]

Assembly Information

Make: [illegible]
Model: [illegible]
Size: [illegible]
Serial Number: [illegible]

Installation Information

Meter Pit / Basement / Mechanical Room / Protection Provided / Floor Number / Room Number

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1st Check Valve	___ psid	Pass Fail
Date [illegible]	2nd Check Valve	___ psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	8.2 psid	Pass Fail
Relief Valve Opening Point	7.2 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): [illegible] Signature: [illegible]
Phone: [illegible] Company Name: [illegible] WV Cert. No. [illegible]

FACILITY CERTIFICATION: I hereby certify that the above backflow prevention device has been in constant use at this location during the entire preceding annual inspection period 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): [illegible] Signature: [illegible] Phone No. [illegible]
Title: [illegible] Date: [illegible]

Return White Copy With $______ fee to:

Phone:
Fax:

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC OMS BLDG
Address: 40 FRESA PKWY BRIDGEPORT WV
Contact Person: SGT. JOHN THOMAS
Phone No. 304-592-3965

Assembly Information

Make: WATTS
Model: 909
Size: 2"
Serial Number: 29453

Installation Information

(Containment) / Isolation
Meter Pit / Basement / Floor Number:
Penthouse / (Boiler Room) / Room Number:
Mechanical Room / Protection Provided:

Double Check Assembly

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

Reduced Pressure Assembly

1st Check Valve	5.6 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
Phone 304-463-8670 Company Name I.S.G. WV Cert. No. 328.4 Date 02 APR 19

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) SGT JOHN THOMAS Signature Phone No. 304-623-4974
Title OPERATION NCO Date 2 APR 19

Return White Copy With $_____ fee to:

Phone
Fax

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USPRC TRAINING BLDG. Address: 40 FRESA PKWY BRIDGEPOR WV
Contact Person: SGT JOHN THOMAS Phone No. 304-592-3965

Assembly Information

Make: WATTS
Model: [illegible]
Size: 2"
Serial Number: 29 [illegible]

Installation Information

(Containment) Isolation

Meter Pit | Basement | Floor Number: 1
Penthouse | (Boiler Room) | Room Number: 117
Mechanical Room | Protection Provided

Double Check Assembly

Initial Test	Outlet Valve		Pass Fail
	1st Check Valve	___ psid	Pass Fail
Date 02APR19	2nd Check Valve	___ psid	Pass Fail

Reduced Pressure Assembly

1st Check Valve	7.8 psid	(Pass) Fail
Relief Valve Opening Point	3 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
Phone 304-[illegible] Company Name T.S.G. Signature [signature]
WV Cert. No. 328[illegible] Date 02APR19

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 this 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) SGT John Thomas
Title [illegible] Signature [signature]
Phone No. [illegible]
Date 2 APR 2019

Return White Copy With $ ______ Fee to:

Phone
Fax

CERTIFICATION OF WORK

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

FACID/Building: WV010-02 Date of Visit: 02APR19

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# BACKFLOW PREVENTER TEST _____
2. CSS# AND CERTIFICATION _____
3. CSS# (1) 2" (1) 3/4" _____

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: GEORGE E. GRANT Date: 02APR19

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: JOHN THOMAS / SGT Date: 2 APR 19

Signed: JWT

E-Mail: john.w.thomas22.mil@mail.mil