
DOMESTIC C

CERTIFICATION OF WORK

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

FACID/Building: W1C19 Date of Visit: 03APR19

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# BACK FLOW PREVENTER TEST & CERTIFICATION
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: 03APR19

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: Lahomma Fowler/GS9 Date: 3apr19

Signed: _____

E-Mail: lahomma.d.fowler.civ@mail.mil

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC
Contract Person: LAHOMMA FOWLER
Address: 363 LUBY ST GRAFTON WV
Phone No. 304-265-0850

Assembly Information

Make: WATTS
Model: 909
Size: 2½"
Serial Number: 121935

Installation Information

(Containment) Isolation
Meter Pit Basement
Penthouse (Boiler Room)
Mechanical Room Protection Provided
Floor Number: 1
Room Number: MECH RM.

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	7.6 psid	(Pass) Fail
Relief Valve Opening Point	3 psid	(Pass) Fail
2nd Check Valve	7.0	(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 03APR19

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) Lahomma Fowler Signature Lahomma Fowler Phone No. 304-265-0850
Title ARA Date: 20190403

Return White Copy With $_____ fee to:

Phone
Fax: