

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USAGC W/029 OPS
Contact Person: Alvaro Dominguez/KG

Assembly Information

Make:	<u>WRISS</u>
Model:	<u>404</u>
Size:	<u>2"</u>
Serial Number:	<u>265000780</u>

Double Check Assembly

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

Reduced Pressure Assembly

Initial Test	1 st Check Valve	Pass Fail	Pass Fail
Meter Pit	Relief Valve	Pass Fail	Pass Fail
Penthouse	Opening Point	Pass Fail	Pass Fail
Mechanical Room	2 nd Check Valve	Pass Fail	Pass Fail
	Outlet Valve	Pass Fail	Pass Fail

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

Double Check Assembly

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

Reduced Pressure Assembly

Initial Test	1 st Check Valve	Pass Fail	Pass Fail
Air Inlet Valve	Relief Valve	psid Fail	psid Fail
2 nd	Check Valve	Pass Fail	Pass Fail
Date			

Pressure Vacuum Breaker

Initial Test	Isolation	Pass Fail	Pass Fail
Basement	1 floor Number	1	psig
Toilet Room	Room Number	mech	psig
Protection Provided	Containment	Containment	psig

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 George E. Grant
Phone 301-665-2670 Company Name J.S.G Date 3/28/94 Date 3/28/94

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) Dankins Charles Signature C. Dankins
Title ASBC/NCC Date 3/29/94 Date 3/29/94

Return White Copy With \$ see to:

Phone No. 301-222-7648
Date 3/29/94 Date 3/29/94

Phone
Fax:

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

To Be Signed:

Date of Visit: 10APR19

Contractor Personnel on Site:

1. George E. Grant

2. _____

Work Performed:

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

1. None

Service Calls - Service Call Number and Description

1. TEST AND CERTIFY (2) DFP'S IN TRAINING BLDG
2. CSS AND OPS SHOP
3. CSS

Photos are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: George E. Grant

Date: 10APR19

Signed: George E. Grant

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: Danodus Olander SPC

Signed: John O.

E-Mail: _____

Date: 2019-04-10

Annual Test & Maintenance Report for Backflow Prevention Assemblies

Facility Name: USARC WVOZ 9 TRAINING & ADAPT ROME 360CC
 Contact Person: _____

Assembly Information

Make: WATTS
 Model: 909
 Svc: 2
 Serial Number: 270457

Double Check Assembly

Initial Test	Outlet Valve	Pass Fail
1 st Check Valve	psid	Pass Fail
2 nd Check Valve	psid	Pass Fail
Date <u>10 APR 19</u>		

Repairs &
Materials
Used

Installation Information

Location Confined
 Floor Number 1
 Room Number 11
 Protection Provided Water Recirc

Reduced Pressure Assembly

1 st Check Valve	psid	Pass Fail
Relief Valve Opening Point	3,2 psid	Pass Fail
2 nd Check Valve	psid	Pass Fail
Outlet Valve	psid	Pass Fail

Double Check Assembly

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

Reduced Pressure Assembly

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

Pressure Vacuum Breaker

Air Inlet Valve	psid	Pass Fail
Check Valve	psid	Pass Fail

TESTER CERTIFICATION:

I certify that the above data is correct and that the backflow prevention device is in proper working condition.
 Signature George E. Grant
 W.Cert. No. 5479 Date 10 APR 19

I hereby certify that the above backflow prevention device has been in continuous 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

FACILITY CERTIFICATION:
 Tester Name (Printed) George E. Grant
 Phone 301-663-8870 Company Name J.S.G.
 Owner Officer (Printed) Diversus Charters
 Title NBC/NFCO

Return White Copy With \$ fee to:

Phone 301-663-8870
 Fax 301-663-8870