

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: USARC 49

Date of Visit: 2-3-2022

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>MATT FRASER</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# _____ WO# 16317

Description of Repairs

3/4" WILKINS EZRN 975XL 957661 BOILER MANUFACTURER
TESTED DEVICE - PASSED INSPECTION

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MATT FRASER Date: 2-3-2022

Signed: MFR

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: GS-12 MARK ANDERSON Date: 3 FEB 22

Signed: MAA

E-Mail: mark.s.anderson7.civ@army.mil



Backflow Prevention Assembly Test Report

101 Edgewood Avenue • P.O. Box 119 • Altavista, VA 24517
Phone: 800-789-7199 • Fax: 888-722-2712 • MooresElectric.com

Customer: USARC VA 049

Street Address: 6700 STRATHMORE Rd. Service Address: CHESTERFIELD VA. 23237

Point of Contact [Individual]: GAB333Y Point of Contact Phone #: 410-688-0142

Is the Assembly: New Existing Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: Boiler Room R/m Wall Feed Line: Boiler (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: RPZ DCVA PVB Manufacturer: WILKINS ZURN Size: 3/4"

Model: 975XL Serial NO: 957661 Installed Correctly: YES NO

Test Gauge Manufacturer: Midwest 845 Gauge Serial NO: 09191376 Calibration Date: 7.9.2021

Inlet Pressure: 45 PSI Water Meter Serial Number: _____ Other Info, as applicable: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>9.8</u> psi	opened at <u>2.8</u> psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight gauge pressure across check valve <u>2.4</u>	Air Inlet: opened at _____. <input type="checkbox"/> Did not open Check Valve: Held at _____. psi <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:	<input type="checkbox"/> Cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other:
Gauge Pressure across check valve _____. psi	Relief valve opened at _____. psi	Gauge Pressure across check valve _____. psi	Air inlet _____. psi check valve _____. psi

** Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Dept. of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.

Comments: Shut off Valve: Closed or Leaking _____

I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester	Signature	Tester No	Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/>
Initial Test	<u>2-3-2022</u>	<u>MATT FRASER</u>	<u>MFR</u>	<u>2717058778</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Repairs					Note results below
Final Test					<input type="checkbox"/> <input type="checkbox"/>