



517 GREEN GROVE ROAD  
 PO BOX 607  
 NEPTUNE, NEW JERSEY 07754  
 P: 732.922.3399 | F: 732.918.8668  
 ALLIEDFIRESAFETY.COM



**Work Order**  
**#153280**

Service Location	AR Customer
<b>Service Location:</b> Forsgate MOB, LLC <b>Address:</b> 9 Centre Drive Complex <b>City, State, Zip:</b> Monroe NJ 08831 <b>Contact:</b> Jason Brenner <b>Contact Phone:</b> (732)416-6643	<b>Customer:</b> - <b>Address:</b> , <b>City, State, Zip:</b> <b>Main Phone:</b> <b>Payment Terms:</b> Terms

Work Order Details	
<b>Call Type:</b> PM's <b>Problem Type:</b> S-Back Flow Inspection Needed <b>Job Status:</b> Completed <b>Date Scheduled:</b> 4/6/2022	<b>WO # / FCO #:</b> 153280 <b>Alt WO#:</b> <b>Customer PO #:</b> <b>Technician:</b> Kraemer;Charles

Description of Service
Annual Backflow Insp

Work Order Comments
Date: 4/6/2022, Entered By: Kraemer;Charles, Subject: Backflow Inspection Backflow Inspection Completed as per NFPA 25 and the State of New Jersey Uniform Fire Code. ----- Date: 4/6/2022, Entered By: Kraemer;Charles, Subject: Form Attachment

Work Order Items		
Date	Description	Qty
4/6/2022	S - Backflow Inspections (Domestic Line)	1.00
4/6/2022	S - Backflow Inspections (Fire Line)	1.00

Parts Items		
Date	Description	Qty

By signing I agree to the information and description of services as explained above as well as the General Terms and Conditions that are available on our website at <https://www.alliedfiresafety.com/Site/ServiceTerms>. A hard copy will be furnished upon request.

Customer Signature			
Signature	NTS	Signed By	NTS
		Date	4/6/2022

**NJ FIRE PERMIT # P00166 - DOT REGISTRATION # A010 - NJ ELECTRICAL LICENSE # 11327 - NJ CERTIFIED SBE**



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# Backflow Inspection

**Tech:**  **Customer Id:**

**Service Site:**

**Address:**

**Date:**  **Work Order:**

Physical Connection Permit No.: \_\_\_\_\_ -WPC

## NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

1st Quarter <input type="radio"/>	2nd Quarter <input checked="" type="radio"/>	3rd Quarter <input type="radio"/>	4th Quarter <input type="radio"/>
01/01-03/31	04/01-06/30	07/01-09/30	10/01-12/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility for a period of 5 years (N.J.A.C.7:10-2(f)) and be exhibited upon request.

Date of Test:

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

DESCRIPTION OF VALVE					
Manufacturer	Model Number	Size	Serial Number	Type	Location
<input type="text" value="Febco"/>	<input type="text" value="825Y"/>	<input type="text" value="2"/> in.	<input type="text" value="T0148"/>	<input checked="" type="radio"/> RPZ <input type="radio"/> DCVA <input type="radio"/> Other	<input type="text" value="Sprinkler room."/> off of: <input type="radio"/> Fire Line <input checked="" type="radio"/> Domestic
COMMENTS & NOTATIONS					
<input type="text"/>					
Test Kit Serial # <input type="text" value="605717"/>	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY				
	DOUBLE CHECK VALVE			DOUBLE CHECK VALVE ASSEMBLY	
Calibration Date: <input type="text" value="12/22/21"/>	<u>1st Check</u>	<u>2nd Check</u>	<u>Relief Valve</u>	<u>1st Check</u>	<u>2nd Check</u>
	<input checked="" type="radio"/> Closed Tight at <input type="text" value="6.4"/> psid <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at <input type="text" value="2.4"/> psid <input type="radio"/> Leaked	Opened at <input type="text" value="2.2"/> psid <input type="checkbox"/> Did Not Open	<input type="radio"/> OK <input type="radio"/> Failed	<input type="radio"/> OK <input type="radio"/> Failed
Repairs & Materials Used	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Test After Repair & Assembly	<input type="checkbox"/> Closed Tight at <input type="text"/> psid	<input type="checkbox"/> Closed Tight at <input type="text"/> psid	Opened at <input type="text"/> psid	<input type="checkbox"/> OK	<input type="checkbox"/> OK

**The Results Shown Above are Certified to be True**

Certified Testers Name:

Certified Testers Signature:



Certifying Authority: New England Water Works Association

Cert. ID #:  Exp. Date:

Tester Phone No: (732)922-3399

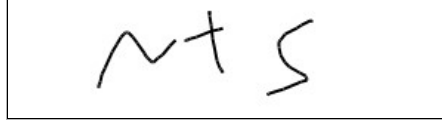
**Witness to Test and Inspection**

Name:

Title:

Representing:

Signature:



A COPY WILL BE FORWARDED TO THE AUTHORITY HAVING JURISDICTION (I.E. FIRE MARSHAL)

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Physical Connection Permit No.: \_\_\_\_\_ -WPC

## NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Quarterly Physical Connection Test & Maintenance Report

1st Quarter <input type="radio"/>	2nd Quarter <input checked="" type="radio"/>	3rd Quarter <input type="radio"/>	4th Quarter <input type="radio"/>
01/01-03/31	04/01-06/30	07/01-09/30	10/01-12/31

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility for a period of 5 years (N.J.A.C.7:10-2(f)) and be exhibited upon request.

Date of Test:

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

DESCRIPTION OF VALVE					
Manufacturer	Model Number	Size	Serial Number	Type	Location
Wilkins Zurn	375	6" in.	L124300	<input checked="" type="radio"/> RPZ <input type="radio"/> DCVA <input type="radio"/> Other	<input type="text" value="Sprinkler room."/> off of: <input checked="" type="radio"/> Fire Line <input type="radio"/> Domestic
COMMENTS & NOTATIONS					
<input type="text"/>					
Test Kit Serial # <input type="text" value="605717"/>	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY				
	DOUBLE CHECK VALVE			DOUBLE CHECK VALVE ASSEMBLY	
	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
Initial Test <input checked="" type="radio"/> Passed <input type="radio"/> Failed	<input checked="" type="radio"/> Closed Tight at <input type="text" value="7.2"/> psid <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at <input type="text" value="1.4"/> psid <input type="radio"/> Leaked	Opened at <input type="text" value="1.8"/> psid <input type="checkbox"/> Did Not Open	<input type="radio"/> OK <input type="radio"/> Failed	<input type="radio"/> OK <input type="radio"/> Failed
Repairs & Materials Used	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Test After Repair & Assembly	<input type="checkbox"/> Closed Tight at <input type="text"/> psid	<input type="checkbox"/> Closed Tight at <input type="text"/> psid	Opened at <input type="text"/> psid	<input type="checkbox"/> OK	<input type="checkbox"/> OK

**The Results Shown Above are Certified to be True**

**Certified Testers Name:**

**Certified Testers Signature:**



**Certifying Authority:** New England Water Works Association

**Cert. ID #:**  **Exp. Date:**

**Tester Phone No:** (732)922-3399

**Witness to Test and Inspection**

**Name:**

**Title:**

**Representing:**

**Signature:**



A COPY WILL BE FORWARDED TO THE AUTHORITY HAVING JURISDICTION (I.E. FIRE MARSHAL)

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