



CHRISTIANA MECHANICAL
INCORPORATED

- Double Check Backflow Preventer (DC) ASSE #1015 Field Test Report
- Pressure Vacuum Breaker Assembly (PVB) ASSE #1020 Field Test Report
- Spill-Resistant Vacuum Breaker Assembly (SVB) ASSE #1056 Field Test Report
- Reduced Pressure Principle Backflow Preventer (RP) ASSE #1013 Field Test Report

Owner of Property: Eden Hill Medical Center
 Address: 200 Banning Street
 City: Dover State: Delaware Zip Code 19904
 Occupant of Property (if different from owner): _____
 Address: _____
 City: _____ State: _____ Zip Code _____

Manufacturer of Device: Conbraco Model #: 40207T2
 Size of Device: 1-1/2" Serial #: 113406
 Assembly Location or application Sterile Processing Hot Water

Test Equipment Manufacturer Apollo Model #: 400-200-TK5U
 Serial #: 958496 Calibration Date: 12-21-2022

Date Test Performed: <u>12-21-2022</u> Time: <u>5:00 am</u>					
Static Pressure: <u>54 psi</u>					
	Shutoff Valve#2	Check Valve#1	Check Valve#2	Relief Valve	Air Inlet Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>6.2</u> psid	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>3.8</u> psid	Opened at <u>2.9</u> psid Did not open <input type="checkbox"/>	Failed to Open <input type="checkbox"/> Opened at _____ psid
Repairs					
Test After Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	Opened at _____ psid
Assembly Final Test Performance: Pass: <input checked="" type="checkbox"/> Fail: _____					

Certified Tester: Gary C. Marshall/ Christiana Mechanical Inc.
 Address: 109 Sleepy Hollow Drive
 City: Middletown State: Delaware Zip Code 19709
 Phone: 302-378-7308
 Certification #: 46457
 Signature: Gary C Marshall Date: 12-21-2022

Notes/Comments: _____



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- Double Check Backflow Preventer (DC) ASSE #1015 Field Test Report
- Pressure Vacuum Breaker Assembly (PVB) ASSE #1020 Field Test Report
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Owner of Property: Eden Hill Medical Center
 Address: 200 Banning Street
 City: Dover State: Delaware Zip Code 19904

Occupant of Property (if different from owner): _____
 Address: _____
 City: _____ State: _____ Zip Code _____

Manufacturer of Device: Conbraco Model #: 40207T2
 Size of Device: 1-1/2" Serial #: VR291
 Assembly Location or application Sterile Processing Cold Water

Test Equipment Manufacturer Apollo Model #: 400-200-TK5U
 Serial #: 958496 Calibration Date: 12-21-2022

Date Test Performed: <u>12-21-2022</u> Time: <u>5:25 am</u>					
Static Pressure: <u>54 psi</u>					
	Shutoff Valve#2	Check Valve#1	Check Valve#2	Relief Valve	Air Inlet Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>5.9</u> psid	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>2.6</u> psid	Opened at <u>2.9</u> psid Did not open <input type="checkbox"/>	Failed to Open <input type="checkbox"/> Opened at _____ psid
Repairs					
Test After Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	Opened at _____ psid
Assembly Final Test Performance: Pass: <input checked="" type="checkbox"/> Fail: _____					

Certified Tester: Gary C. Marshall/ Christiana Mechanical Inc.
 Address: 109 Sleepy Hollow Drive
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Owner of Property: Eden Hill Medical Center
 Address: 200 Banning Street
 City: Dover State: Delaware Zip Code 19904

Occupant of Property (if different from owner): _____
 Address: _____
 City: _____ State: _____ Zip Code _____

Manufacturer of Device: Conbraco Model #: 40204T2
 Size of Device: 3/4" Serial #: VJ326
 Assembly Location or application Sterile Processi

Test Equipment Manufacturer Apollo Model #: 400-200-TK5U
 Serial #: 958496 Calibration Date: 12-21-2022

Date Test Performed: 12-21-2022 Time: 6:15 am
 Static Pressure: 54 psi

	Shutoff Valve#2	Check Valve#1	Check Valve#2	Relief Valve	Air Inlet Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>6.6</u> psid	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>3.9</u> psid	Opened at <u>3.6</u> psid Did not open <input type="checkbox"/>	Failed to Open <input type="checkbox"/> Opened at _____ psid
Repairs					
Test After Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	Opened at _____ psid

Assembly Final Test Performance: **Pass:** **Fail:** _____

Certified Tester: Gary C. Marshall/ Christiana Mechanical Inc.
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Notes/Comments: _____



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 Address: 200 Banning Street
 City: Dover State: Delaware Zip Code 19904
 Occupant of Property (if different from owner): _____
 Address: _____
 City: _____ State: _____ Zip Code _____

Manufacturer of Device: Watts Model #: LF909-QT
 Size of Device: 1" Serial #: 05860
 Assembly Location or application Endo Processing

Test Equipment Manufacturer Apollo Model #: 400-200-TK5U
 Serial #: 958496 Calibration Date: 12-21-2022

Date Test Performed: 12-21-2022 Time: 6:50 am
 Static Pressure: 54 psi

	Shutoff Valve#2	Check Valve#1	Check Valve#2	Relief Valve	Air Inlet Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>6.8</u> psid	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>4.6</u> psid	Opened at <u>2.8</u> psid Did not open <input type="checkbox"/>	Failed to Open <input type="checkbox"/> Opened at _____ psid
Repairs					
Test After Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	Opened at _____ psid

Assembly Final Test Performance: **Pass:** **Fail:** _____

Certified Tester: Gary C. Marshall/ Christiana Mechanical Inc.
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 Address: 200 Banning Street
 City: Dover State: Delaware Zip Code 19904

Occupant of Property (if different from owner): _____
 Address: _____
 City: _____ State: _____ Zip Code _____

Manufacturer of Device: Apollo Model #: RPLF4AO
 Size of Device: 1-1/4" Serial #: 678404
 Assembly Location or application Endo Processing

Test Equipment Manufacturer Apollo Model #: 400-200-TK5U
 Serial #: 958496 Calibration Date: 12-21-2022

Date Test Performed: <u>12-21-2022</u> Time: <u>7:15 am</u>					
Static Pressure: <u>54</u> psi					
	Shutoff Valve#2	Check Valve#1	Check Valve#2	Relief Valve	Air Inlet Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>5.9</u> psid	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>3.6</u> psid	Opened at <u>3.8</u> psid Did not open <input type="checkbox"/>	Failed to Open <input type="checkbox"/> Opened at _____ psid
Repairs					
Test After Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	Opened at _____ psid
Assembly Final Test Performance: Pass: <input checked="" type="checkbox"/> Fail: _____					

Certified Tester: Gary C. Marshall/ Christiana Mechanical Inc.
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 City: Middletown State: Delaware Zip Code 19709
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 Certification #: 46457
 Signature: Gary C Marshall Date: 12-21-2022

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Address: 200 Banning Street
City: Dover State: Delaware Zip Code 19904
Occupant of Property (if different from owner):
Address:
City: State: Zip Code

Manufacturer of Device: Conbraco Model #: 40-20A20
Size of Device: 4" Serial #: NEJ15
Assembly Location or application Mechanical Room 1002- Domestic Water Main

Test Equipment Manufacturer Apollo Model #: 400-200-TK5U
Serial #: 958496 Calibration Date: 12-21-2022

Table with 6 columns: Shutoff Valve#2, Check Valve#1, Check Valve#2, Relief Valve, Air Inlet Valve. Rows include Initial Test, Repairs, and Test After Repairs. Assembly Final Test Performance: Pass: [checkmark] Fail:

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 City: Dover State: Delaware Zip Code 19904

Occupant of Property (if different from owner): _____
 Address: _____
 City: _____ State: _____ Zip Code _____

Manufacturer of Device: Conbraco Model #: 40-207T2
 Size of Device: 1-1/2" Serial #: 141350
 Assembly Location or application Mechanical Room 1002- Irrigation

Test Equipment Manufacturer Apollo Model #: 400-200-TK5U
 Serial #: 958496 Calibration Date: 12-21-2022

Date Test Performed: 12-21-2022 **Time:** 8:45 am
Static Pressure: 54 psi

	Shutoff Valve#2	Check Valve#1	Check Valve#2	Relief Valve	Air Inlet Valve
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>6.9</u> psid	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> <u>4.2</u> psid	Opened at <u>3.8</u> psid Did not open <input type="checkbox"/>	Failed to Open <input type="checkbox"/> Opened at _____ psid
Repairs					
Test After Repairs	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> _____ psid	Opened at _____ psid	Opened at _____ psid

Assembly Final Test Performance: **Pass:** **Fail:** _____

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