



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



Work Order
#165577

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

Work Order Details	
Call Type: PM's Problem Type: S-Back Flow Inspection Needed Job Status: Completed Date Scheduled: 4/18/2023	WO # / FCO #: 165577 Alt WO#: Customer PO #: Technician: Reifer,Ralph

Description of Service
Annual Backflow Insp

Work Order Comments
Date: 4/18/2023, Entered By: Reifer;Ralph, Subject: Backflow Inspection Backflow Inspection Completed as per NFPA 25 and the State of New Jersey Uniform Fire Code.
Date: 4/18/2023, Entered By: Reifer;Ralph, Subject: No one on site to sign work order.
Date: 4/18/2023, Entered By: Reifer;Ralph, Subject: Form Attachment

Work Order Items		
Date	Description	Qty
4/18/2023	S - Backflow Inspections (Domestic Line)	1.00
4/18/2023	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		Signed By	nts
Date			4/18/2023

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



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Backflow Inspection

Tech: Reifer,Ralph **Customer Id:** FORMOB

Service Site: Forsgate MOB, LLC

Address: 9 Centre Drive Complex Monroe, NJ 08831

Date: 4/18/2023 **Work Order:** 165577

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: 4/6/22

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
Febco	825Y	2" in.	T0148	<input checked="" type="radio"/> RPZ <input type="radio"/> DCVA <input type="radio"/> Other	Sprinkler room. off of: <input type="radio"/> Fire Line <input checked="" type="radio"/> Domestic
COMMENTS & NOTATIONS					
Test Kit Serial # 602406	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 _____ 6.8 psid <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at _____ 2.6 psid <input type="radio"/> Leaked	Opened at _____ 2.4 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	_____	_____	_____	_____	_____
Test After Repair & Assembly	<input type="checkbox"/> Closed Tight at _____ psid	<input type="checkbox"/> Closed Tight at _____ psid	Opened at _____ 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)

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



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Backflow Inspection

Tech: Reifer,Ralph **Customer Id:** FORMOB

Service Site: Forsgate MOB, LLC

Address: 9 Centre Drive Complex Monroe, NJ 08831

Date: 4/18/2023 **Work Order:** 165577

Physical Connection Permit No.: _____ -WPC

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

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
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: 04/18/2023

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	Sprinkler room. off of: <input checked="" type="radio"/> Fire Line <input type="radio"/> Domestic
COMMENTS & NOTATIONS					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Test Kit Serial # 602406	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY				
	DOUBLE CHECK VALVE			DOUBLE CHECK VALVE ASSEMBLY	
Calibration Date: 04/29/2023	1st Check	2nd Check	Relief Valve	1st Check	2nd Check
	<input checked="" type="radio"/> Closed Tight at _____ psid 8.6 <input type="radio"/> Leaked	<input checked="" type="radio"/> Closed Tight at _____ psid 2.8 <input type="radio"/> Leaked	<input type="checkbox"/> Opened at _____ psid 2.2 <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					
Test After Repair & Assembly	<input type="checkbox"/> Closed Tight at _____ psid	<input type="checkbox"/> Closed Tight at _____ psid	<input type="checkbox"/> Opened at _____ 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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