

American Plumbing & Heating, Inc.

DEVICE TEST RECORD

(800) 949-4413

Facility	McLAREN		
Address	4 COLUMBUS		
City	BAY CITY	MI	48708

Test Date	6/28/23	Type	RPC	Size	4
Manufacturer	Wilkins	Model	375AST	Serial No	6264
Plant ID#		Application:	Down water test		
Prot. Type		Location:	Fire Dept		
Schd. Type		Remarks:			
Accessibility					

Line	1st Shut Off	<input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Shut Off	<input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	Pressure Vacuum Breaker
Pressure	Reduced Pressure Principle Assembly				
96 psi	Double Check Valve Assembly				

Initial Test	1st Check	<input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check	<input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	Relief	<input type="checkbox"/> O <input checked="" type="checkbox"/> M <input type="checkbox"/>	Air Inlet	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Check	<input type="checkbox"/> C <input type="checkbox"/> L
	PSID	8.2	PSID	6.2	PSID	3.0	PSID		PSID	
			Confirm							

Repair Remarks										
----------------	--	--	--	--	--	--	--	--	--	--

Final Test	1st Check	<input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check	<input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	Relief	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Check	<input type="checkbox"/> C <input type="checkbox"/> L
	PSID		PSID		PSID		PSID		PSID	
			Confirm							

Pass / Fail	<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/>	All control valves left in open position:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Notes				

A copy of this may be forwarded to the Authority Having Jurisdiction.

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type	Mid-West	Gauge No	845-5	Certification Date:	3/2/23	ASSE Certification No.	30958
Tester Name	PATRICK PETERSON		02180902				
Master Plumber Lic. #	8111112			Exp. Date	3/31/25		

Tester Signature: _____ Date: 6/28/23

American Plumbing & Heating, Inc.
 9730 Marshall Rd.
 Birch Run, MI, 48415
 1-800-949-4413
 office@american-plumbing.net

Joe Ostroski

Submitted JUN 29 2023

American Plumbing & Heating, Inc.

DEVICE TEST RECORD

(800) 949-4413

Facility	McLAREN		
Address	4 COLUMBUS		
City	BAY CITY	MI	48708

Test Date	6/28/23	Type	PCV	Size	3/4
Manufacturer	Bollo	Model	PCV FUB	Serial No	734733
Plant ID#		Application:	Fic. by 105		
Prot. Type		Location:	Fid. by 105		
Schd. Type		Remarks:			
Accessibility					

Line	1st Shut Off	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	2nd Shut Off	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	Pressure Vacuum Breaker
Pressure	Reduced Pressure Principle Assembly				
96 psi	Double Check Valve Assembly				

Initial Test	1st Check	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	2nd Check	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	Relief	O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet	O <input type="checkbox"/> M <input type="checkbox"/>	Check	C <input type="checkbox"/> L <input type="checkbox"/>
	PSID	26	PSID	20	PSID		PSID		PSID	
			Confirm							

Repair Remarks										
----------------	--	--	--	--	--	--	--	--	--	--

Final Test	1st Check	C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check	C <input type="checkbox"/> L <input type="checkbox"/>	Relief	O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet	O <input type="checkbox"/> M <input type="checkbox"/>	Check	C <input type="checkbox"/> L <input type="checkbox"/>
	PSID		PSID		PSID		PSID		PSID	
			Confirm							

Pass / Fail	P <input checked="" type="checkbox"/> F <input type="checkbox"/>	All control valves left in open position:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Notes				

A copy of this may be forwarded to the Authority Having Jurisdiction.

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type	Mid-West	Gauge No	845-5	Certification Date:	3/2/23	ASSE Certification No.	30958
Tester Name	PATRICK PETERSON		02180902				
Master Plumber Lic. #	8111112			Exp. Date	3/31/25		

Tester Signature: _____

Date: _____

American Plumbing & Heating, Inc.
 9730 Marshall Rd.
 Birch Run, MI, 48415
 1-800-949-4413
 office@american-plumbing.net

Joe Ostroski

Submitted JUN 29 2023

jostroski@landmarkleadership.com

American Plumbing & Heating, Inc.

DEVICE TEST RECORD

(800) 949-4413

Facility	McLAREN		
Address	4 COLUMBUS		
City	BAY CITY	MI	48708

Test Date	6/28/23	Type	PSB	Size	1/2
Manufacturer	FloCo	Model	765	Serial No	4018947
Plant ID#		Application:	Comm. for Insulation		
Prot. Type		Location:	Sage Point 2nd Floor		
Schd. Type		Remarks:	Endo Suite S. Side Bldg		
Accessibility					

Line	1st Shut Off	2nd Shut Off	Pressure Vacuum Breaker		
Pressure	Reduced Pressure Principle Assembly				
40 psi	Double Check Valve Assembly				
Initial Test	1st Check	2nd Check	Relief	Air Inlet	Check
	PSID	PSID Confirm	PSID	PSID	PSID

Repair Remarks					
----------------	--	--	--	--	--

Final Test	1st Check	2nd Check	Relief	Air Inlet	Check
	PSID	PSID Confirm	PSID	PSID	PSID

Pass / Fail P F

All control valves left in open position: Yes No

Notes

A copy of this may be forwarded to the Authority Having Jurisdiction.

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type	Mid-West	Gauge No	845-5	Certification Date:	3/2/23	ASSE Certification No.	30958
Tester Name	PATRICK PETERSON		02180902				
Master Plumber Lic. #	8111112			Exp. Date	3/31/25		

Tester Signature: _____ Date: 6/28/23

American Plumbing & Heating, Inc.
 9730 Marshall Rd.
 Birch Run, MI, 48415
 1-800-949-4413
 office@american-plumbing.net

Joe Ostroski

Submitted JUN 29 2023

American Plumbing & Heating, Inc.

DEVICE TEST RECORD

(800) 949-4413

Facility	McLAREN		
Address	4 COLUMBUS		
City	BAY CITY	MI	48708

Test Date	6/25/23	Type	DADA	Size	6
Manufacturer	Hydelle	Model	DCDA-LF4A	Serial No	54893
Plant ID#		Application:	Main Floor		
Prot. Type		Location:	Fire Alarm Room		
Schd. Type		Remarks:			
Accessibility					

Line	1st Shut Off	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	2nd Shut Off	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	Pressure Vacuum Breaker
Pressure	Reduced Pressure Principle Assembly				
46 psi	Double Check Valve Assembly				

Initial Test	1st Check	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	2nd Check	C <input checked="" type="checkbox"/> L <input type="checkbox"/>	Relief	O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet	O <input type="checkbox"/> M <input type="checkbox"/>	Check	C <input type="checkbox"/> L <input type="checkbox"/>
	PSID	26	PSID	1-6	PSID		PSID		PSID	
			Confirm							

Repair Remarks										
----------------	--	--	--	--	--	--	--	--	--	--

Final Test	1st Check	C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check	C <input type="checkbox"/> L <input type="checkbox"/>	Relief	O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet	O <input type="checkbox"/> M <input type="checkbox"/>	Check	C <input type="checkbox"/> L <input type="checkbox"/>
	PSID		PSID		PSID		PSID		PSID	
			Confirm							

Pass / Fail	P <input checked="" type="checkbox"/> F <input type="checkbox"/>	All control valves left in open position:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
-------------	--	---	---	-----------------------------

Notes

A copy of this may be forwarded to the Authority Having Jurisdiction.

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type	Mid-West	Gauge No	845-5	Certification Date:	3/2/23	ASSE Certification No.	30958
Tester Name	PATRICK PETERSON		02180902				
Master Plumber Lic. #	8111112			Exp. Date	3/31/25		

Tester Signature: _____ Date: 6/28/23

American Plumbing & Heating, Inc.
 9730 Marshall Rd.
 Birch Run, MI, 48415
 1-800-949-4413
 office@american-plumbing.net

Submitted JUN 29 2023

Joe Ostroski

American Plumbing & Heating, Inc.

DEVICE TEST RECORD

(800) 949-4413

Facility	McLAREN		
Address	4 COLUMBUS		
City	BAY CITY	MI	48708

Test Date	6/28/23	Type		Size	3/4
Manufacturer	Apello	Model	29264A	Serial No	713285
Plant ID#		Application:	Mediator Feed Line Right		
Prot. Type		Location:	2nd Floor		
Schd. Type		Remarks:	End Surge		
Accessibility					

Line	1st Shut Off	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> L <input type="checkbox"/>	2nd Shut Off	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> L <input type="checkbox"/>	Pressure Vacuum Breaker
Pressure	Reduced Pressure Principle Assembly				
46 psi	Double Check Valve Assembly				

Initial Test	1st Check	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> L <input type="checkbox"/>	2nd Check	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> L <input type="checkbox"/>	Relief	<input type="checkbox"/> O <input checked="" type="checkbox"/> M <input type="checkbox"/>	Air Inlet	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Check	<input type="checkbox"/> C <input type="checkbox"/> L
	PSID	7.8	PSID	5.0	PSID	2.2	PSID		PSID	
			Confirm							

Repair Remarks										
----------------	--	--	--	--	--	--	--	--	--	--

Final Test	1st Check	<input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check	<input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	Relief	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Check	<input type="checkbox"/> C <input type="checkbox"/> L
	PSID		PSID		PSID		PSID		PSID	
			Confirm							

Pass / Fail	<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/>	All control valves left in open position:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Notes				

A copy of this may be forwarded to the Authority Having Jurisdiction.

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type	Mid-West	Gauge No	845-5	Certification Date:	3/2/23	ASSE Certification No.	30958
Tester Name	PATRICK PETERSON		02180502				
Master Plumber Lic. #	8111112			Exp. Date	3/31/25		

Tester Signature: _____

Date: 6/28/23

American Plumbing & Heating, Inc.
 9730 Marshall Rd.
 Birch Run, MI, 48415
 1-800-949-4413
 office@american-plumbing.net

Submitted JUN 29 2023

American Plumbing & Heating, Inc.

DEVICE TEST RECORD

(800) 949-4413

Facility	McLAREN		
Address	4 COLUMBUS		
City	BAY CITY	MI	48708

Test Date	6/28/23	Type	RWC	Size	1
Manufacturer	Hydalo	Model	RPLPYA	Serial No	651037
Plant ID#		Application:	Medcenter Feed Line both		
Prot. Type		Location:	2nd Floor		
Schd. Type		Remarks:	End Stop		
Accessibility					

Line	1st Shut Off	<input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Shut Off	<input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	
Pressure	Reduced Pressure Principle Assembly		Pressure Vacuum Breaker		
94 psi	Double Check Valve Assembly				

Initial Test	1st Check	<input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check	<input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	Relief	<input type="checkbox"/> O <input checked="" type="checkbox"/> M <input type="checkbox"/>	Air Inlet	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Check	<input type="checkbox"/> C <input type="checkbox"/> L
	PSID	7.2	PSID	6.2	PSID	3.0	PSID		PSID	
			Confirm							

Repair Remarks										
----------------	--	--	--	--	--	--	--	--	--	--

Final Test	1st Check	<input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check	<input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	Relief	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Check	<input type="checkbox"/> C <input type="checkbox"/> L
	PSID		PSID		PSID		PSID		PSID	
			Confirm							

Pass / Fail	<input checked="" type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/>	All control valves left in open position:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
-------------	---	---	---	-----------------------------

Notes

A copy of this may be forwarded to the Authority Having Jurisdiction.

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type	Mid-West	Gauge No	845-5	
Tester Name	PATRICK PETERSON		02180902	Certification Date: 3/2/23
Master Plumber Lic. #	8111112			ASSE Certification No. 30958
				Exp. Date 6/31/25

Tester Signature: _____ Date: 6/28/23

American Plumbing & Heating, Inc.
 9730 Marshall Rd.
 Birch Run, MI, 48415
 1-800-949-4413
 office@american-plumbing.net

Submitted JUN 29 2023