



John E. Green Company
Mechanical Contractor

601 Porter Street
Petoskey
Michigan 49770
231-348-2875
FAX 231-348-3179
www.johngreen.com

Date: 6/27/2023

BACKFLOW DEVICE TEST REPORT

New Installation: Annual Inspection: Repair:

Name of Premises: Burns Clinic JEG Job No.:
 Service Address: 560 West Mitchell St. Petoskey, MI 49770
 Type of Device: RPZ
 Location of Device: Boiler Feed above base mounted pumps Accessibility: Good
 Manufacturer: Watts Model: 909MOD Size: 1" Serial No. 340771

Responsible Person Contacted: Phone:

Line Pressure PSI <input type="text" value="30"/>	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	Double Check Valve Assembly				
Initial Test	1st Check	2nd Check	Relief	Air Inlet	Check Valve
Pass <input checked="" type="checkbox"/>	Closed <input checked="" type="checkbox"/>	Closed <input checked="" type="checkbox"/>	Opened <input checked="" type="checkbox"/>	Opened <input type="checkbox"/>	Closed <input type="checkbox"/>
Fail <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Malf <input type="checkbox"/>	Malf <input type="checkbox"/>	Leaked <input type="checkbox"/>
2nd Shut Off	PSID 8.2	PSID 1.8	PSID 2.4		PSID
Closed <input checked="" type="checkbox"/>					
Leaked <input type="checkbox"/>					
Final Test	1st Check	2nd Check	Relief	Air Inlet	Check Valve
	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	Opened <input type="checkbox"/>	Opened <input type="checkbox"/>	Closed <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Malf <input type="checkbox"/>	Malf <input type="checkbox"/>	Leaked <input type="checkbox"/>
	PSID	PSID	PSID	PSID	PSID
Pass <input type="checkbox"/>					
Fail <input type="checkbox"/>					

Above report is certified to be true and correct:

Signature: *Kevin Coen*

Name: Kevin Coen Cert. No.: 36974

Gauge Number: TK-99E Serial Number: 636762

Test Type: ASSE Testing Firm: John E. Green Company



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New Installation: Annual Inspection: Repair:

Name of Premises: Burns Clinic JEG Job No.:
 Service Address: 560 West Mitchell St. Petoskey, MI 49770
 Type of Device: RPZ
 Location of Device: Main Level Vault DCW Accessibility: Good
 Manufacturer: Wilkins/Zurn Model: 375A Size: 4" Serial No. X04334

Responsible Person Contacted: Phone:

Line Pressure PSI <input type="text" value="95"/>	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	Double Check Valve Assembly				
Initial Test	1st Check	2nd Check	Relief	Air Inlet	Check Valve
Pass <input checked="" type="checkbox"/>	Closed <input checked="" type="checkbox"/>	Closed <input checked="" type="checkbox"/>	Opened <input checked="" type="checkbox"/>	Opened <input type="checkbox"/>	Closed <input type="checkbox"/>
Fail <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Malf <input type="checkbox"/>	Malf <input type="checkbox"/>	Leaked <input type="checkbox"/>
2nd Shut Off	PSID 6.0	PSID 2.0	PSID 2.4		PSID
Closed <input checked="" type="checkbox"/>					
Leaked <input type="checkbox"/>					
Final Test	1st Check	2nd Check	Relief	Air Inlet	Check Valve
	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	Opened <input type="checkbox"/>	Opened <input type="checkbox"/>	Closed <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Malf <input type="checkbox"/>	Malf <input type="checkbox"/>	Leaked <input type="checkbox"/>
	PSID	PSID	PSID	PSID	PSID
Pass <input type="checkbox"/>					
Fail <input type="checkbox"/>					

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New Installation: Annual Inspection: Repair:

Name of Premises: Burns Clinic JEG Job No.:
 Service Address: 560 West Mitchell St. Petoskey, MI 49770
 Type of Device: SVB
 Location of Device: Eye Glass Sink above ceiling Accessibility: Good
 Manufacturer: Watts Model: 008PCQT Size: 1/2" Serial No. 41360

Responsible Person Contacted: Phone:

Line Pressure PSI <input type="text" value="70"/>	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	Double Check Valve Assembly				
Initial Test	1st Check	2nd Check	Relief	Air Inlet	Check Valve
Pass <input checked="" type="checkbox"/>	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	Opened <input type="checkbox"/>	Opened <input checked="" type="checkbox"/>	Closed <input checked="" type="checkbox"/>
Fail <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Malf <input type="checkbox"/>	Malf <input type="checkbox"/>	Leaked <input type="checkbox"/>
2nd Shut Off	PSID	PSID	PSID	PSID 3.2	PSID 1.4
Closed <input checked="" type="checkbox"/>					
Leaked <input type="checkbox"/>					
Final Test	1st Check	2nd Check	Relief	Air Inlet	Check Valve
	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	Opened <input type="checkbox"/>	Opened <input type="checkbox"/>	Closed <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Malf <input type="checkbox"/>	Malf <input type="checkbox"/>	Leaked <input type="checkbox"/>
	PSID	PSID	PSID	PSID	PSID
Pass <input type="checkbox"/>					
Fail <input type="checkbox"/>					

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Name of Premises: Burns Clinic JEG Job No.:
 Service Address: 560 West Mitchell St. Petoskey, MI 49770
 Type of Device: RPZ
 Location of Device: Main Level Vault Fire Riser Accessibility: Good
 Manufacturer: Apollo Model: 4D-200 Size: 8" Serial No. NEU25

Responsible Person Contacted: Phone:

Line Pressure PSI <input type="text" value="165"/>	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	Double Check Valve Assembly				
Initial Test	1st Check	2nd Check	Relief	Air Inlet	Check Valve
Pass <input checked="" type="checkbox"/>	Closed <input checked="" type="checkbox"/>	Closed <input checked="" type="checkbox"/>	Opened <input checked="" type="checkbox"/>	Opened <input type="checkbox"/>	Closed <input type="checkbox"/>
Fail <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Malf <input type="checkbox"/>	Malf <input type="checkbox"/>	Leaked <input type="checkbox"/>
2nd Shut Off	PSID 8.4	PSID 1.6	PSID 2.2		PSID
Closed <input checked="" type="checkbox"/>					
Leaked <input type="checkbox"/>					
Final Test	1st Check	2nd Check	Relief	Air Inlet	Check Valve
	Closed <input type="checkbox"/>	Closed <input type="checkbox"/>	Opened <input type="checkbox"/>	Opened <input type="checkbox"/>	Closed <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Malf <input type="checkbox"/>	Malf <input type="checkbox"/>	Leaked <input type="checkbox"/>
	PSID	PSID	PSID	PSID	PSID
Pass <input type="checkbox"/>					
Fail <input type="checkbox"/>					

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