



# COSCO Fire Protection

Puyallup Parking Garage

Specification Section(s):

Section 21 11 00 Water-Based Fire Suppression

Report Type: Level 1 Component Test

<b>Report Title</b>	<b>Report #: ext. #: ver. #:</b>
Fire Sprinkler Water Service Backflow Preventer	2108-C-01 Ext # Ver#

Location: Location System: Dry Sprinkler System

Detailed Description: (Local Description)

First Check:  Repeat Check:  Pass/Fail:

Function to be tested: Ability of backflow preventer to protect utility water supply.

Prerequisite Activities: Level 1 Installation Verification of specific system.

Other Required Participants: None

(Other than contractor performing work)

Reference Documents: (ex. Approved Submittals, RFI's, Specification Appendix)

- 1 Shop Drawings
- 2
- 3

Attachments: (ex. Shop Drawings, Installation Checklists, Installation Instructions) Number of Pages: 0

- 1
- 2

### Equipment or Tool Used /Serial Number (if applicable)

(Add equipment and tool info from TEIL at time of test)

Identifier	Name	Serial #	Calibration Date:
DCVA	Backflow Assembly	NA	NA

### Conditions of Test:

Y/N N/A Test Date Tested By

Obtain the services of a backflow certification firm to test the backflow preventer per the requirements of the local code authority having jurisdiction.				
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### Acceptance Criteria:

Date Tested Check #1 Pass? Check #2 Pass? Tested By:

The backflow preventer is successfully certified to prevent backflow events.	1/18/22	P	P	MIKE NEIL
				B 6998

### Issues at Time of Report (complete Commission Issue Report Form for each issue)

Observation/Issue	Resolution:	By:
1		
2		
3		

### General Report Notes:

**Acceptance:**

The undersigned have performed the above Static Test and verified the test has satisfied the contract requirements

Cosco Fire Protection QC Rep.

Date:

Signature:

 1/18/22

Printed Name:

Scott Hazellhwers

Hensel-Phelps QC Rep.

Date:

Signature:



Printed Name:

Orlando Colar

Sound Transit QC Rep.

Date:

1/18/22 st

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**NEW INSTALLATION**

Rev. 02-2014

**CITY USE ONLY**

MANUFACTURER <b>Wilkins</b>	MODEL <b>350AST</b>	SERIAL NO. <b>34086A</b>	SIZE <b>6"</b>	SERVICE NO.
OWNER/CONTROLLER <b>PSAI</b>				DEVICE NO.
OWNER'S ADDRESS				METER NO.
SERVICE ADDRESS <b>202 5th St NW. Puyallup, Wa 98371</b>				
LOCATION OF DEVICE <b>Riser room on north side of building</b>				
HAZARD ISOLATED <input type="checkbox"/> POTABLE WATER <input type="checkbox"/> IRRIGATION <input checked="" type="checkbox"/> FIRE <input type="checkbox"/> BOILER <input type="checkbox"/> _____				

R.P.B.A.  
  D.C.V.A.  
  R.P.D.A.  
  D.C.D.A.  
  P.V.B.A.  
  S.V.B.A.  
  A.V.B.  
  AIR GAP

IS DEVICE INSTALLED PROBERLY?  YES    NO   - COMMENTS: \_\_\_\_\_

INITIAL TEST RESULTS	REDUCED PRESSURE ASSEMBLY		P.V.B.A./S.V.B.A.		INITIAL TEST
	#1 CHECK PRESS DROP _____ (A)	<b>DOUBLE CHECK</b> CHECK # 1 TIGHT <input checked="" type="checkbox"/> 3.0 psid LEAKED <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID	CHECK PRESS DROP _____ PSID	<b>PASSED</b> <input checked="" type="checkbox"/>  <b>FAILED</b> <input type="checkbox"/>  DATE: 1/18/2022  SYSTEM PSI 60
RELIEF VALVE OPENED AT _____ (B) min 2 psid	CHECK # 2 TIGHT <input checked="" type="checkbox"/> 2.8 psid LEAKED <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	FAILED <input type="checkbox"/>		
Air Gap Ok _____	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>				

COMMENTS REPAIRS AND/OR PARTS  
 Assembly tested ok. SOV #1 & #2 found off and left off.

TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY		P.V.B.A./S.V.B.A.		FINAL TEST
	#1 CHECK PRESS DROP _____ (A)	<b>DOUBLE CHECK</b> CHECK # 1 TIGHT <input type="checkbox"/> _____ psid	AIR INLET OPENED AT _____ PSID	CHECK PRESS DROP _____ PSID	<b>PASSED</b> <input type="checkbox"/>  DATE: _____
RELIEF VALVE OPENED AT _____ (B) min 2 psid	CHECK # 2 TIGHT <input type="checkbox"/> _____ psid				
BUFFER A-B= _____ min 3 psi					

IN COMPLETETING AND SUBMITTING THIS TEST REPORT, THE TESTER CERTIFIES THAT THE ASSEMBLY HAS BEEN TESTED AND MAINTAINED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF THE CITY OF KIRKLAND AND STATE OF WASHINGTON.

GAUGE CALIBRATION DATE 8/2021

DETECTOR METER READING \_\_\_\_\_

TESTER SIGNATURE

Michael Nail  
TESTER NAME (PRINTED)

B6998  
CERTIFICATION #

Cosco Fire Protection  
COMPANY  
4308 South 131st Place Tukwila WA 98168  
ADDRESS

08180439  
GAUGE #  
206-507-2489  
PHONE #

SERVICE RESTORED