FRENCH & PARRELLO ASSOCIATES

ENGINEERING AND CONSULTING **SINCE 1974**

Water System Report
for
Penn Medicine Princeton Health Cancer Center and Imaging Center

Township of Plainsboro
Middlesex County, New Jersey
Block 1701, Lot 3.01

Prepared For:

Princeton HealthCare System
A New Jersey Nonprofit Corporation
d/b/a Penn Medicine Princeton Health
1 Plainsboro Road
Plainsboro, NJ 08536

_____

Andrew L. French
Professional Engineer, NJ License No # 42894

October 18, 2024| FPA No. 06C028T.003
1800 Route 34, Suite 101, Wall Township, NJ 07719

TABLE OF CONTENTS

1.0 Project Description

The Penn Medicine Princeton HealthCare System Campus has been designated as an area for redevelopment in Plainsboro Township and the township has adopted the Amended Redevelopment for the Princeton HealthCare System at Plainsboro Site, dated March 13, 2013 which establishes the zoning requirements for the project. The project site is located in the Hospital Medical Office Complex (HMOC) district within the Redevelopment Plan.

The project proposes the construction of a new Cancer Center and Imaging Center (CCIC) Facility, which shall be four stories with a mechanical level and contain approximately 154,559 square feet. The project also includes a Parking Garage with six levels which shall support the parking needs of the new CCIC. The Parking Garage has been permitted separately and construction is currently underway. The project site is known as Block 1701, Lot 3.01 and contains the existing hospital.

There is an existing New Jersey American Water (NJAW) water main easement that is 25 feet wide and is located on the southern portion of existing P5 and P6 parking lots. The easement runs east to west. There is another existing NJAW water main easement that is 25 feet wide and runs to the north of existing parking lot P2. This easement also runs generally from the east to the west from Punia Boulevard to US Highway Route 1. There is an existing 8" water main owned by NJAW that is located within the NJAW easement. No water main relocations or changes to the existing easements are proposed.

2.0 Proposed Conditions

The proposed CCIC will be located directly east of the Education Building, utilizing a portion of the footprint of the existing former Fitness Center. The proposed CCIC is anticipated to service or treat approximately 211 patients per day and shall employ approximately 210 staff to support the facility. The projected increase in average daily

water demand was determined in accordance with the New Jersey Administrative Code, Section 7:10-12.6 as follows:

"CCIC"

Type of Establishment	Measure Unit	Gallons Per Day
Healthcare Institution other than hospital	Per Person	(75 gal/person) * (421 ppl) = 31,575 gal/day

CCIC Total Water Demand = 31,575 gpd

Total additional proposed average daily demand = 31,575 gpd = 0.049 cfs

The CCIC will be serviced by two 6" DIP domestic services. One domestic service is proposed from the south, from an existing meter located on the south side of the Fitness Center that will be demolished. A second domestic service is proposed from the existing main on the north of the CCIC. A new meter vault will be installed south of the P5 parking lot. Backflow preventors will be provided for both service connections inside of the proposed building. Fire water service will be provided from the existing Central Utility Plant (CUP). Therefore, no new fire service is needed from NJAW. New private hydrants are proposed and will be connected to the existing NJAW water mains.

3.0 Fire and Domestic Demand

Attached herewith are the hydrant flow test and existing fire pump test data. The existing fire service and fire pump are sufficient to provide the new building class I standpipe system and sprinkler service demand. The new building will require 65 psi at the top of the building as required by the New Jersey Building Code – 2021 Edition with 500 gpm flowing at the top of the remote standpipe and an additional 250 gpm at the other standpipe.

Domestic water will require a 100% redundant supply as required by the New Jersey Building Code 2021 Edition and FGI 2020, for buildings containing in patient use. The existing city water supply is adequate to provide 150 gpm peak flow while providing 35 psi to the most remote plumbing fixture. Please see attached hydrant flow test.

4.0 SUMMARY

The proposed Water Service System has been designed in accordance with N.J.A.C. 7-10-12.6. The existing NJAW mains are adequate to provide the needed flow for the domestic demand. The existing fire service and fire pump are sufficient to provide the new building with the required demand.

Non-Residential Demand Worksheet

Adapted from N.J.A.C. 7:10-12.6 Table 1

Please fill in the appropriate yellow boxes

Project Name:	**PMPH Cancer Center & Imaging Center**
Project Address:	**1 Plainsboro Road, Plainsboro NJ**
Block/Lot	**Block 1701, Lot 3.01**
Project Engineer/Developer:	**French and Parrello Associates/ Penn Medicine**
Telephone:	**7323129800**

Type of Establishment	Units	Demand per Unit (gpd)	Average Demand (gpd)	Peak Demand (Ave Demand x 3) (gpd)
Hotel*				
Total number of people		50	0	0
Is laundry conducted on premise?	No			
Motel or tourist cabin				
Total number of people		50	0	0
Mobile home park				
Total number of people		100	0	0
Restaurant**				
Total number of seats		10	0	0
Number of operating hours per day	6	x1		
Camp***				
Barracks type - Total number of people		50	0	0
Cottage type - Total number of people		40	0	0
Day camp (no meals served) - Total number of people		15	0	0
Day School*				
No cafeteria or showers - Total number of people		10	0	0
With cafeteria and no showers - Total number of people		15	0	0
With cafeteria and showers - Total number of people		20	0	0
With cafeteria, showers and laboratories - Total number of people		25	0	0
Is laundry conducted on premise?	No		0	0
Boarding School*				
Total number of people		100	0	0
Is laundry conducted on premise?	No			
Healthcare Institution other than hospital				
Total number of people	421	75	31575	94725
Hospital (depending on the type)				
Total number of people		150	0	0
Industrial Facility				
Total number of people (8-hour shift)		25	0	0
Picnic grounds or comfort station				
With toilet only - Total number of people		10	0	0
With toilet and showers - Total number of people		15	0	0
Swimming pool or bathhouse				
Total number of people		10	0	0
Clubhouse*				
Total number of resident members		60	0	0
Total number of non-resident members		25	0	0
Is laundry conducted on premise?	No		0	0
Nursing Home				
Total number of people		150	0	0
Campground				
Number of sites without individual sewer hook-up:		75	0	0
Number of sites with individual sewer hook-up:		100	0	0
Number of sites with laundry and individual sewer hook-up:		150	0	0
Store, office building				
Number of square feet:		0.125	0	0
Self-service laundry				
Number of washes per day:		50	0	0
Other (please attach a detailed description of the facility):			0	0
Subtotals			**31575**	**94725**

SimplexGrinnell BE SAFE.

Task # 86859837
SR# 53277670

FIRE HYDRANT TEST REPORT

Date 10/5/2022

CUSTOMER	Penn Medicine Princeton Health	INSPECTOR NAME	Bill Leaman
BUILDING / LOCATION		SIMPLEXGRINNELL OFFICE	544
STREET	1 PLAINSBORO RD		283 Gibraltar Road
CITY / ST/PROV / ZIP/PC	PLAINSBORO , NJ 08536		Horsham PA 19044
ATTN:	Steven Morrissey	PHONE #	215-347-6500
PHONE #	267-581-3982	LICENSE #	P00423

Inspection Type

☐ Annual Flushing* ☑ 5 year Flow Test

**If this is an Annual Flushing the Pressure and GPM boxes will be left blank*

Test Hydrant Location:		**Test Hydrant Static Pressure (PSI):**	
Test Hydrant Make & Model:		**Test Hydrant Residual Pressure (PSI):**	
Test Hydrant Nozzle Size:		**Test Hydrant GPM:**	
Test Hydrant Nozzle Coefficient:			

	Flow Hydrant Location	Flow Hydrant Make & Model	Flow Hydrant Nozzle Size	Flow Hydrant Nozzle Coefficient	Flow Hydrant Pitot Pressure (PSI)	Test Hydrant Pitot Pressure (PSI)	Flow Hydrant GPM
1	Service Road-A	Mueller-5 1/2	2 1/2	0.9	74	90	1443
2	Service Road-B	Mueller-5 1/2	2 1/2	0.9	74	90	1443
3	Athenson-East	Mueller-5 1/2	2 1/2	0.9	74	90	1443
4	Athenson-West	Mueller-5 1/2	2 1/2	0.9	74	90	1443
5	North Entrance-P6	Mueller-5 1/2	2 1/2	0.9	74	90	1443
6	by ER	Mueller-5 1/2	2 1/2	0.9	74	90	1443
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

Page 1 of 2

SimplexGrinnell BE SAFE.

FIRE HYDRANT TEST REPORT

Deficiency Summary

None

Recommendations

None

	Bill Leaman
Signature of owner or owners representative	Signature of SimplexGrinnell representative
	Bill Leaman
Print Name	Print Name

Page 2 of 2

FIRE PUMP TESTED UNDER FULL FLOW (ANNUAL)

CUSTOMER NAME: University Medical Center at Plainsboro
BUILDING NAME: University Medical Center at Plainsboro
BUILDING ADDRESS: 1 PLAINSBORO RD, PLAINSBORO, NJ, 08536, US

CONTACT NAME: Steven Morrissey
CONTACT E-MAIL: steven.morrissey@pennmedicine.upenn.edu
CONTACT ROLE: Safety Manager
CONTACT PHONE: 2675813982

SERVICE PROVIDER: Johnson Controls North America
OFFICE ADDRESS: 283 Gibraltar Rd, Horsham, PA 19044
OFFICE PHONE: (215) 347-6500
OFFICE LICENSE: P00423
INSPECTOR: John William Potts

INSPECTION END DATE: 10/20/2021
WORK ORDER: 50371530, 50371532, 50371535, 50371538, 50371542
TIMEZONE GMT-04:00

INSPECTION RESULTS SUMMARY

	CURRENT INSPECTION RESULTS					PREVIOUS INSPECTION RESULTS
DEVICE TYPE	**INVENTORY COUNT**	**PASSED**	**FAILED**	**CANNOT INSPECT**	**% INSPECTED**	**INVENTORY COUNT**
Electric Fire Pumps	1	0	1	0	100	1

DEVICE DEFICIENCIES

LOCATION	DESCRIPTION	ADDRESS	DEVICE	MAKE	MODEL	BARCODE	DATE OF TEST	TYPE	IMAGES
—	Fire Pump LL Room DL141	—	Electric Fire Pumps	—	—	—	10/11/2021	FUNCTIONAL FAILURE	DEFICIENCY IMAGES APPENDIX 1.1

FAILURE REASON: Circulating relief valve will not shut and needs to be replaced 3/4" kunkle model 20, set to 150, 12.5 gpm

RETIRED DEVICES

No retired devices in this inspection.

SERVICE REQUEST

FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT

Johnson Controls

283 Gibraltar Road
Horsham, PA 19044
215-347-6500
215-682-7979

TASK 164
SR # 5091 3766
SYSTEM LEFT IN SERVICE ☑ Y ☐ N
FIRE DEPT NOTIFIED ☐ Y ☒ N
PERMIT ☐ Y ☒ N
PERMIT #

LICENSE # P00423
NAME York Medicine
ADDRESS (OR ATTENTION OF)
ADDRESS 1 Plainsboro Rd
CITY Plainsboro STATE NJ ZIP 08536
TR ARRIVAL DATE 10/22/21 CUSTOMER PURCHASE ORDER SST 5091-3766-1842

LABOR - REG. 4.00 | LABOR - OT | LABOR - DT
TRAVEL - REG. | TRAVEL - OT | TRAVEL - DT | MILES 60

TIME ARRIVAL 07:30 DEPART 10:02

56923

8/4/5/5/5/9

NAME (BILL TO) York Medicine Princeton Health
ADDRESS 1 Plainsboro Rd
CITY Plainsboro STATE NJ ZIP 08536

I authorize Johnson Controls to proceed with the work as agreed to and outlined below:

Customer signature _____ Date _____

PAYMENT TERMS
☐ Time and Material ☐ Price Not to Exceed $_____ ☐ Fixed Price of $_____
DEPOSIT $_____ BALANCE DUE $_____
IMMEDIATE ☐ COD ☐ NET 10 ☐
☒ BILLABLE ☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE Kinetic valve needs to be replaced

WORK PERFORMED / RESOLUTION CODE Replaced the Kinetic valve

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. REQUESTED REPAIRS MADE IF SET FORTH BELOW IN "WORK PERFORMED". ADDITIONAL REPAIRS OR COMPLETE INSPECTION MAY BE REQUIRED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSUFANCE CARRIER WITHOUT DELAY.

Johnson Controls, for and in consideration of the prices herein named, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below

MATERIAL	QTY.	UOM PRICE	EXPENSE	QTY.	UOM PRICE
Kinetic valve					

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed and is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

CUSTOMER ACCEPTANCE

(Customer Acceptance)

(Print Name)

JOHNSON CONTROLS FIRE PROTECTION LP

(Johnson Controls Representative) Richard Cleveland

(Print Name) License #

ORIGINAL

Service Request Form

SG0793SPK 2/18

Elements of Performance #11

Every 12 months the facility will test the Fire Pump Under Full Flow Condition. The completion date of the tests is documented.

Fire Pumps Under Full Flow

For additional guidance on performing the tests, see NFPA 25-2011: 8.3.3

Device	Test Method
Fire Pumps Under Full Flow	An annual test of each pump assembly shall be conducted under minimum, rated, and peak flows of the fire pump by controlling the quantity of water discharged through approved test devices. 8.3.3.2 The pertinent visual observations, measurements, and adjustments specified in the following checklists shall be conducted annually while the pump is running and flowing water under the specified output condition: 1. At no-flow condition (churn) as follows: a. Check the circulation relief valve for operation to discharge water b. Check the pressure relief valve (if installed) for proper operation 3. At each flow condition: a. Record the electric motor voltage and current (all lines) b. Record the pump speed in rpm c. Record the simultaneous readings of pump suction and discharge pressures and pump discharge flow 4. For electric motor-driven pumps, the pump shall not be shut down until the pump has run for 10 minutes. 5. For diesel motor-driven pumps, the pump shall not be shut down until the pump has run for 30 minutes.

GENERAL DATA								
PUMP LOCATION/ DESCRIPTION	BACKFLOW PRESENT	WATER SUPPLY TYPE	TANK SUPPLY	TANK CAPACITY	TANK HEIGHT	CONNECTION SIZE	DATE OF PUMP TEST	TIME OF PUMP TEST
Fire Pump LL Room DL141		Yes	N/A	N/A	N/A	8"	10/11/2021	11:30 AM

FIRE PUMP DATA								
MFG	SHAFT TYPE	MODEL	SERIAL NO.	RATED GPM	RATED PSI	CHURN / MAX PRESSURE	150% PRESSURE RATING	RATED RPM
Aurora	Splitcase	6X481X15C	10-1967174	1250	54	70	52	1770

FIRE PUMP DRIVER DATA											JOCKEY PUMP DATA		
MFG	MODEL	SERIAL NO.	RATED VOLTS	HORSE POWER	RATED RPM	RATED AMPS	PHASE	CYCLES	OPER VOLTS	SERVICE FACTOR	MFG	MODEL	SERIAL NO.
WEG	364/6TS	11160727	460	60	1780	70.2	3	60	480	1.15	N/A	N/A	N/A

FP CONTROLLER DATA				JP CONTROLLER DATA				
MFG	MODEL	SERIAL NO.	FP START	MFG	MODEL	SERIAL NO.	JP START	JP STOP
Firetrol	FTA1000-AM60B	621577-01RE	120	N/A	N/A	N/A	135	150

Fire Pump Questions

Electrical System Free Of Wire Chafing	Yes

Manual Starting Means On Electrical System Operated	Yes
Boxes, Panels And Cabinets On Electrical Systems Inspected	Yes

Is there an External Means to View and Record the Amps and Voltage Readings?	Yes
When was the Last Annual Pump Test?	10/22/2020
Date of the last Non Flow Meter Loop Flow Test	N/A
Flow Meter Loop Calibration Date	N/A
Have Calibrated Gauges Been Used?	N/A
Calibration Date of Suction Gauge	N/A
Calibration Date of Discharge Gauge	N/A
Inspect Pump Bearing Lubrication	Yes
Shaft End Play Acceptable	Yes
Pump Coupling Alignment Acceptable	Yes
Inspect Transmission Coupling, Gear Drive, And Mechanical Parts	N/A
Circuit Breakers Passed Trip Test	N/A
Emergency Manual Starting Operated Without Power	Yes
Pressure Switch Settings Inspected	Yes
Motor Bearings Inspected	Yes
Control And Power Wiring Inspected	Yes
Mainline Strainer Present on System?	N/A
Mainline Strainer Inspected and Cleaned?	N/A
Date of Last Inspection On Mainline Strainer	N/A
During fire pump test at peak power output conditions (150%) was power failure simulated?	Yes
Upon power failure simulation, did switch transfer to alternate power source?	Yes
While at peak output conditions (150%) under alternate power, record Discharge pressure	122
While at peak output conditions (150%) under alternate power, record Suction pressure	68
While at peak output conditions (150%) under alternate power, record RPM	1775
While at peak output conditions, what was the Amps on all 3 legs? (AB - BC - AC)	485-480-485
While at peak output conditions, what was the Volts on all 3 legs? (AB - BC - AC)	85-87-87
After ending simulation, did switch transfer back to normal power source?	Yes
What Color Tag Was Left On This Fire Pump At The Completion Of This Inspection?	N/A

ANNUAL FLOW TEST RESULTS

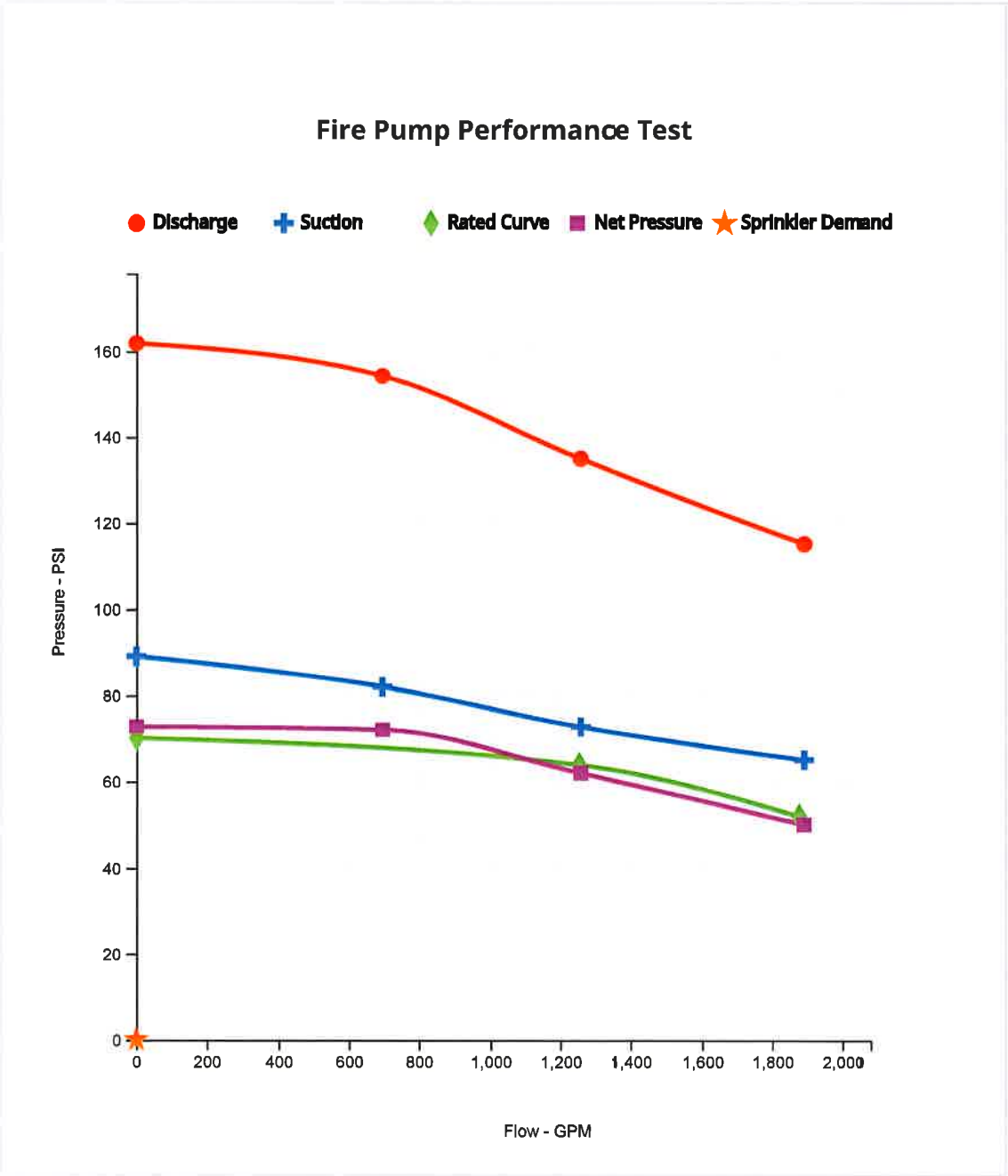
REVOLUTIONS PER MINUTE	DISCHARGE PRESSURE	SUCTION PRESSURE	NET PRESSURE	STREAM NO.	GPM	%	VOLTAGE			AMP READING		
							L1	L2	L3	L1	L2	L3
1792 RPM	162 PSI	89 PSI	73 PSI	0	0	0 %	491	484	491	37	38	37
1788 RPM	154 PSI	82 PSI	72 PSI	2	694	55 %	489	481	489	56	59	58
1776 RPM	135 PSI	73 PSI	62 PSI	3	1257	100 %	485	478	486	78	76	77
1775 RPM	115 PSI	65 PSI	50 PSI	5	1890	151 %	485	478	485	87	85	86

FLOW INFORMATION

Hose	50% (Orifice size / Manufacturer of Testing Device)	100% (Orifice size / Manufacturer of Testing Device)	150% (Orifice size / Manufacturer of Testing Device)
Hose 1	1.75" / Little Hose Monster	1.75" / Little Hose Monster	1.75" / Little Hose Monster
Hose 2	1.75" / Little Hose Monster	1.75" / Little Hose Monster	1.75" / Little Hose Monster
Hose 3	—	1.75" / Little Hose Monster	1.75" / Little Hose Monster
Hose 4	—	—	1.75" / Little Hose Monster
Hose 5	—	—	1.75" / Little Hose Monster
Hose 6		—	—
Hose 7		—	—
Hose 8		—	—
Hose 9		—	—
Hose 10		—	—
Hose 11			—
Hose 12			—
Hose 13			—
Hose 14			—
Hose 15			—

INSPECTION RESULTS SUMMARY	
Fire Pump Operating Within Rated Specs	Pass
AMPS Within Rated Specs	Pass
VOLTS Within Rated Specs	Pass
Inspection Results	Pass

MOST DEMANDING SPRK. SYSTEM INFORMATION	
Most demancing system	
GPM	
PSI	


Fire Pump Performance Test
Discharge
Suction
Rated Curve
Net Pressure
Sprinkler Demand
Pressure - PSI
160
140
120
100
80
60
40
20
0
0
200
400
600
800
1,000
1,200
1,400
1,600
1,800
2,000
Flow - GPM

Inspector Signature		**Inspector Name**	John Potts	**Date**	10/20/2021
Signature of the Safety Manager	No Signature due to COVID 19	**Printed name of the Safety Manager**	Steven Morrison	**Date**	10/20/2021

SimplexGrinnell BE SAFE.

283 Gibraltar Road
Horsham PA 19044
Phone: 215-347-6564
Fax: 215-682-7979

Date 10/13/2021

Task #
SR#

Certified Tester d Tester # NEWWA 13621

Owner of Property University Medical Center Plainsboro

Mailing Address 1 Plainsboro Rd

Plainsboro, NJ 08536-1913
City Zip

Contact Person Steven Morrison

Location of Insp. Same

City Zip

Device Location in Building Water Rm DL142

Pass ☑ Fail ☐
Pass With Remarks ☐

RP	PVB	DCDA
DC	SVB	RPDA
X		

Make Wilkins

Model # 350

Size 8"

Serial # J35942

Inspector Name:
John Potts

Customer Name:
Steven Morrison
Print
Nc Signature Due to Covid-19
Signature

Remarks: Fire Main
Pass

Reduced Pressure Principle Assembly

Double Check Valve Assembly

Check Valve #1	Check Valve #2	Relief Valve
Held At: 1.6 PSID	Held At: 1.2 PSID	Opened at ____ PSID
Closed Tight ☑	Closed Tight ☑	Did Not Open ☐
Leaked ☐	Leaked ☐	

Condition of #2 Shutoff Valve | Closed Tight ☑ Leaked ☐

PVB/SVB

Check Valve	Air Inlet
Held At: ____ PSID	Opened at ____ PSID
Leaked ☐	Did Not Open ☐

Repairs

Repairs: Give details of repairs made here.	Check Valve 1 ☐ Cleaned ☐ Replaced	Check Valve 2 ☐ Cleaned ☐ Replaced	Relief Valve ☐ Cleaned ☐ Replaced	PVB/SVB ☐ Cleaned ☐ Replaced
Final Test	PSID	PSID	Opened At: PSID	Air Inlet PSID
	Closed Tight ☐	Closed Tight ☐		Check Valve PSID
Repair	Date ____ Time ____ Certified Tester # ____			
	Repaired By (Signature)		Printed Name	
Final Test	Date ____ Time ____ Certified Tester # ____ ☐ Passed ☐ Failed			
	Tested By (Signature)		Printed Name	

SimplexGrinnell BE SAFE.

283 Gibraltar Road
Horsham PA 19044
Phone: 215-347-6564
Fax: 215-682-7979

Date 10/13/2021

Task #
SR#

Certified Tester d Tester # NEWWA 13621

Owner of Property University Medical Center Plainsboro

Mailing Address 1 Plainsboro Rd

Plainsboro, NJ 08536-1913
City Zip

Contact Person Steven Morrison

Location of Insp. Same

City Zip

Device Location in Building Water Rm TL175

Pass ☑ ***Fail*** ☐
Pass With Remarks ☐

RP	PVB	DCDA
DC	SVB	RPDA
X		

Make Wilkins

Model # 350

Size 8"

Serial # J35943

Inspector Name:
John Potts

Customer Name:
Steven Morrison
Print
No Signature Due to Covid-19
Signature

Remarks:
Fire Main
Pass

Reduced Pressure Principle Assembly

Double Check Valve Assembly

Check Valve #1	Check Valve #2	Relief Valve
Held At: 1.6 PSID	***Held At:*** 1.2 PSID	***Opened at*** ____ PSID
Closed Tight ☑	***Closed Tight*** ☑	***Did Not Open*** ☐
Leaked ☐	***Leaked*** ☐	

Condition of #2 Shutoff Valve Closed Tight ☑ Leaked ☐

PVB/SVB

Check Valve	Air Inlet
Held At: ____ PSID	***Opened at*** ____ PSID
Leaked ☐	***Did Not Open*** ☐

Repairs

	Check Valve 1	Check Valve 2	Relief Valve	PVB/SVB
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced
Final Test	PSID	PSID	Opened At: PSID	Air Inlet PSID Check Valve PSID
	Closed Tight ☐	***Closed Tight*** ☐		
Repair	Date ____ Time ____ Certified Tester # ____			
	Repaired By (Signature)		Printed Name	
Final Test	Date ____ Time ____ Certified Tester # ____ ☐ Passed ☐ Failed			
	Tested By (Signature)		Printed Name	