

183149UP

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: _____ Date of Visit: 6/11/18

Contractor Personnel on Site:

1. Jim McElhinny 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 2397 Asset # 7172 Serial # 18759

Service Calls - Service Call Number and Description

1. CSS# 13735 REPLACED #1 CK VALVE, CLEANED, RETESTED - PASS
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhinny Date: 6/11/18Signed: Jim McElhinny

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Kasandra Ellis /SGT Date: 20180611Signed: KELE-Mail: Kasandra.L.ellis.civ@mail.mil

BACKFLOW PREVENTER TEST

DATE: _____
TIME: _____

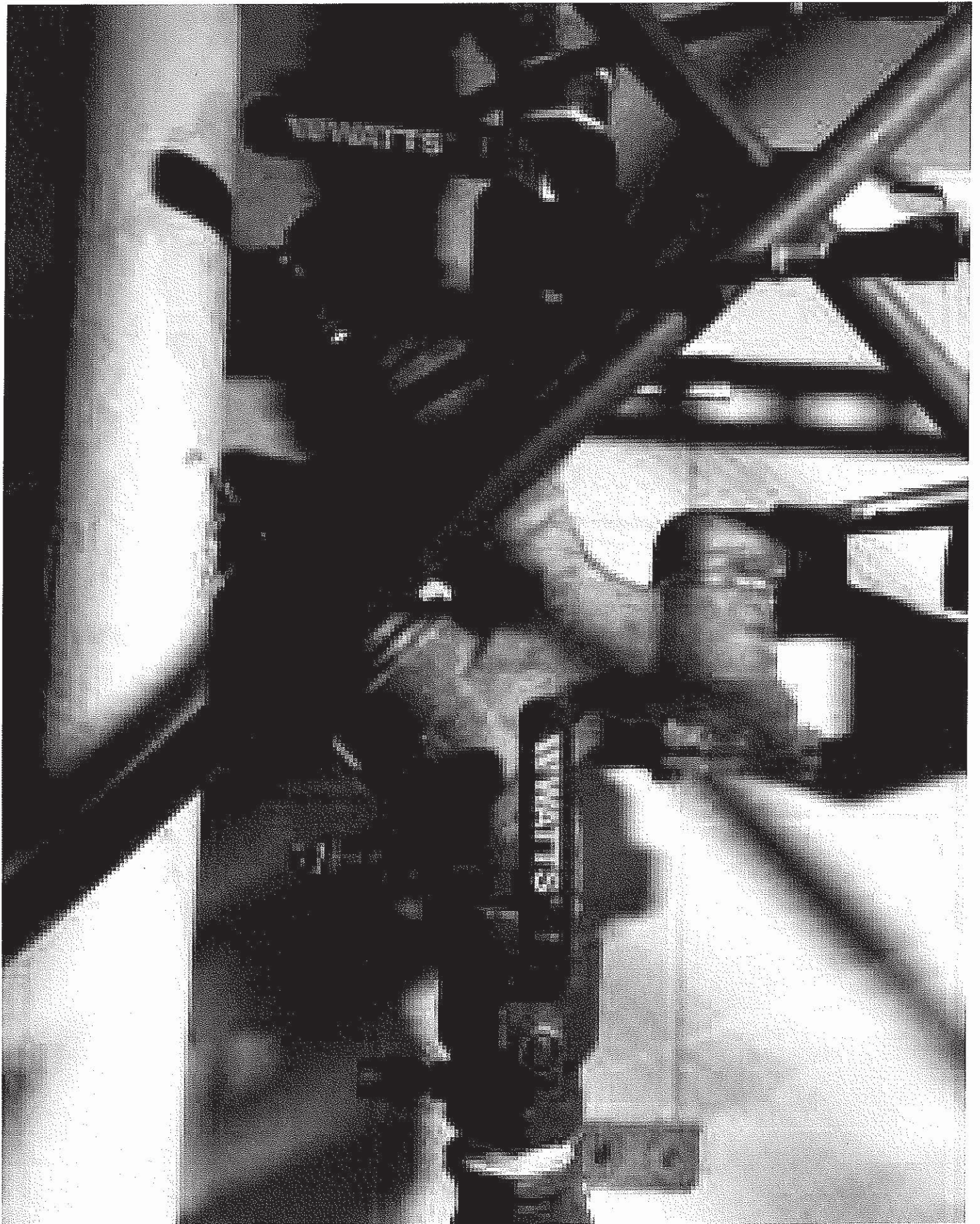
WATTS

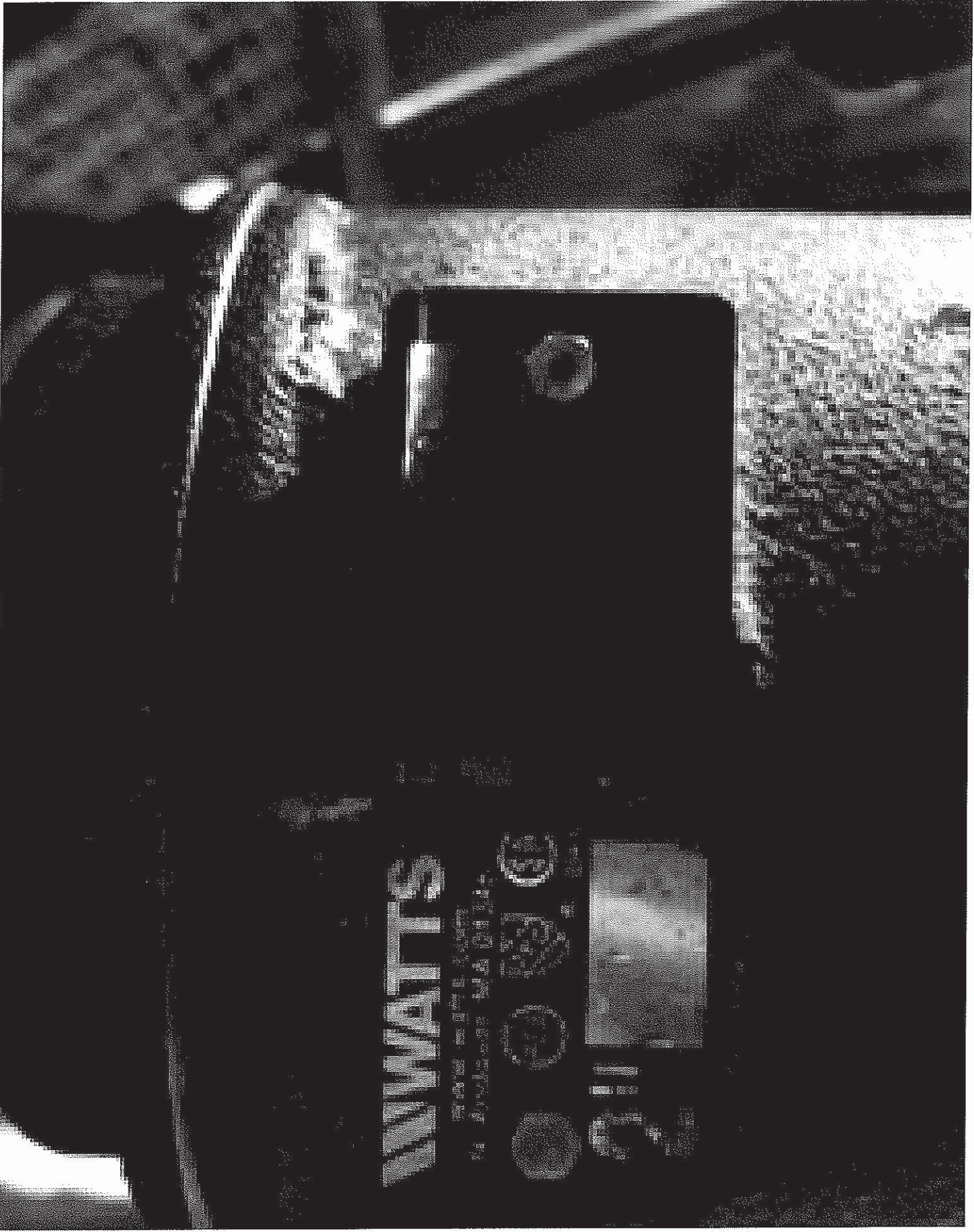
9/9

15759

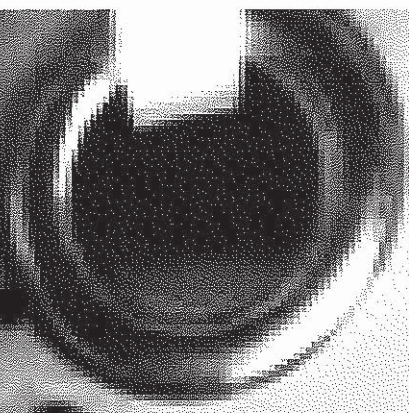
2"

DATE	TIME	TESTER	RESULT	REMARKS
4/10	7:19	10/1	3.5	133





APR 9 1991
21259



MAINTENANCE RECORD

CMI MGT, INC.
DATE

BY

2-24-10-Failed
✓ 4/1/10 A.S.

FRANKIE S.
JAN 10