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

FACID/Building: PA042 Date of Visit: 5-14-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 2" watts Backflow and it passed

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

1. WO# S# 18759 M# 919 Asset # N/A

Service Calls – Service Call Number and Description

1. CSS#_____
2. CSS#_____
3. CSS#_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bojan Martinovich Date: 5-14-19

Signed: Bojan Martinovich

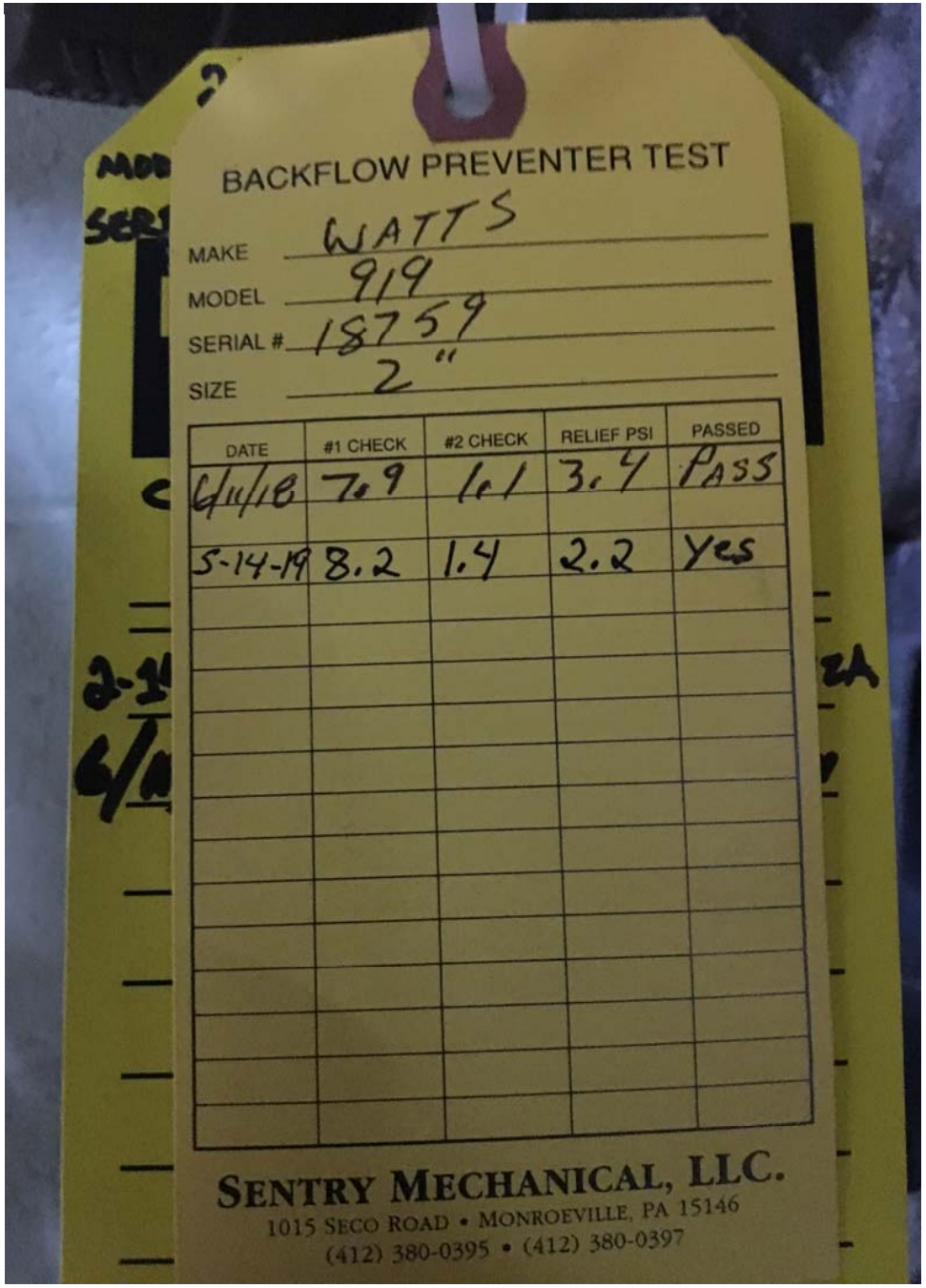
To be signed by Facility Manager:

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: Randy Baker Date:_____

Signed: _____

E-Mail: _____



BACKFLOW PREVENTER TEST

MAKE WATTS

MODEL 919

SERIAL # 18759

SIZE 2"

DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
6/4/18	7.9	1.1	3.4	PASS
5-14-19	8.2	1.4	2.2	Yes

SENTRY MECHANICAL, LLC.
1015 SECO ROAD • MONROEVILLE, PA 15146
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