CERTIFICATION OF WORK

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

FACID/Building: MD019 Date of Visit: 6-30-20

Contractor Personnel on Site:

1. Josh Stephenson
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Replace 1" Backflow + Test. Replace parts #20308
2. on 2½" Backflow + Test. #30313
3. _____

WO# 11975 11976 CSS# 23465 24684

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson **Date:** 6-30-20

Signed: _____

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: 1LT Margaret Carnegie *Date:* 30 June 2020

Signed: _____

E-Mail: margaret.i.carnegie.mil@mail.mil

TEST REPORT

DEVICE NO. 203106 **SIZE** 1" LF009M2QT

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	1. LEAKED ☐ 2. CLOSED TIGHT ☑	1. LEAKED ☐ 2. CLOSED TIGHT ☑	1. OPENED AT 3.0 2. DID NOT OPEN ☐
REPAIRS AND MATERIALS			
FINAL TEST	CLOSED TIGHT 8.0 ☐	CLOSED TIGHT 9.5 ☐	OPENED AT 3.0 LBS. REDUCED PRESSURE

TESTED BY: J. Stephenson

Backflow Testable Inspection Tag

DO NOT REMOVE THIS

S&S MECHANICAL

301-574-1555

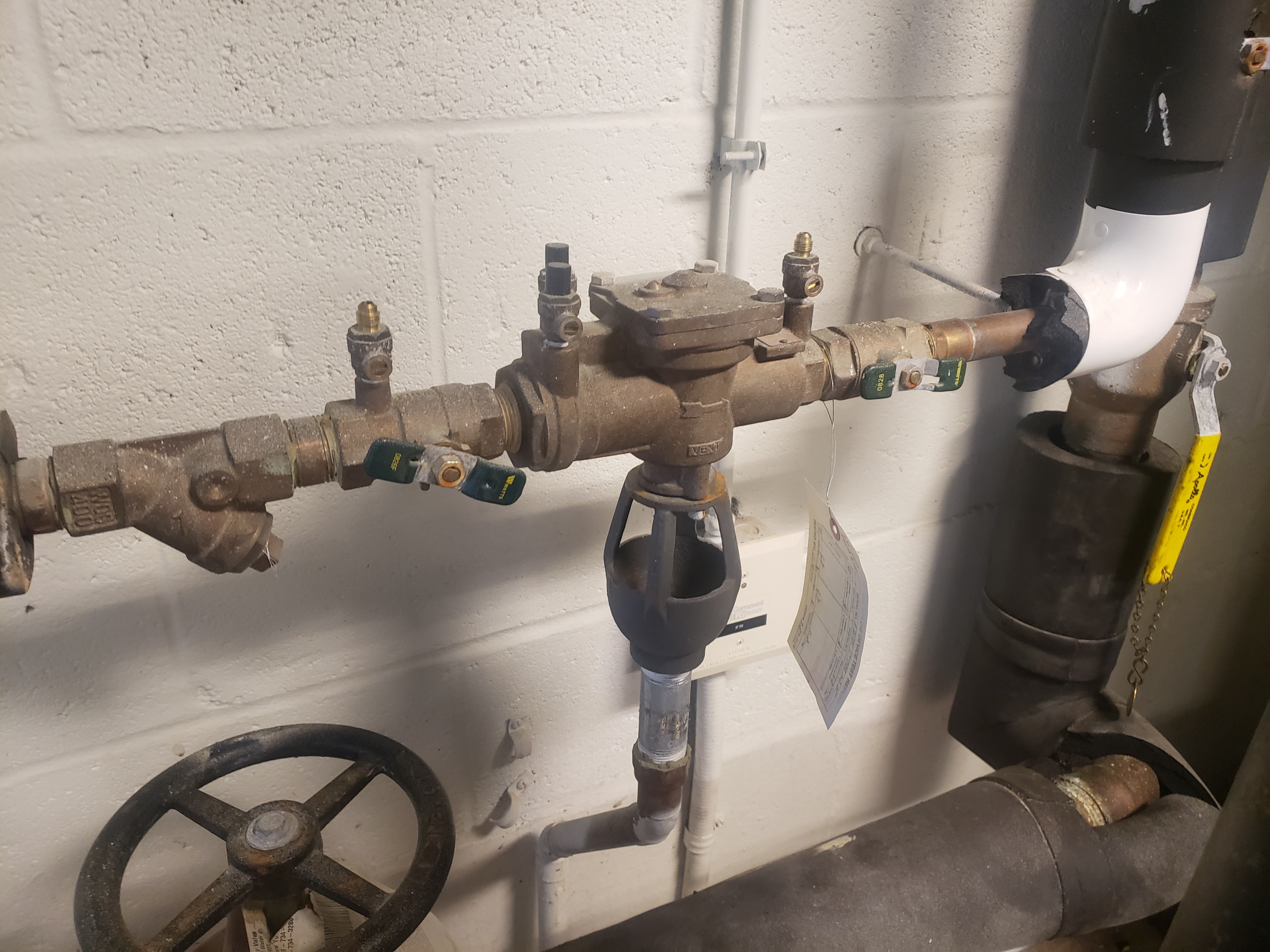
Tester Name: J. Stapharson

License # TSF2019-101

Backflow Test Date 6/30/20

Address: MD019

☒ **Pass** ☐ **Fail**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