CERTIFICATION OF WORK

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

FACID/Building: PA003 Date of Visit: 2-6-19

Contractor Personnel on Site:

1. Peter Boyum 2. _____

Work Performed:

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

1. WO# _____ Zurn 375XL 2" S# B112007 Asset# 7168.1

Service Calls -- Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Peter Boyum Date: 2-6-19

Signed: Peter Boyum

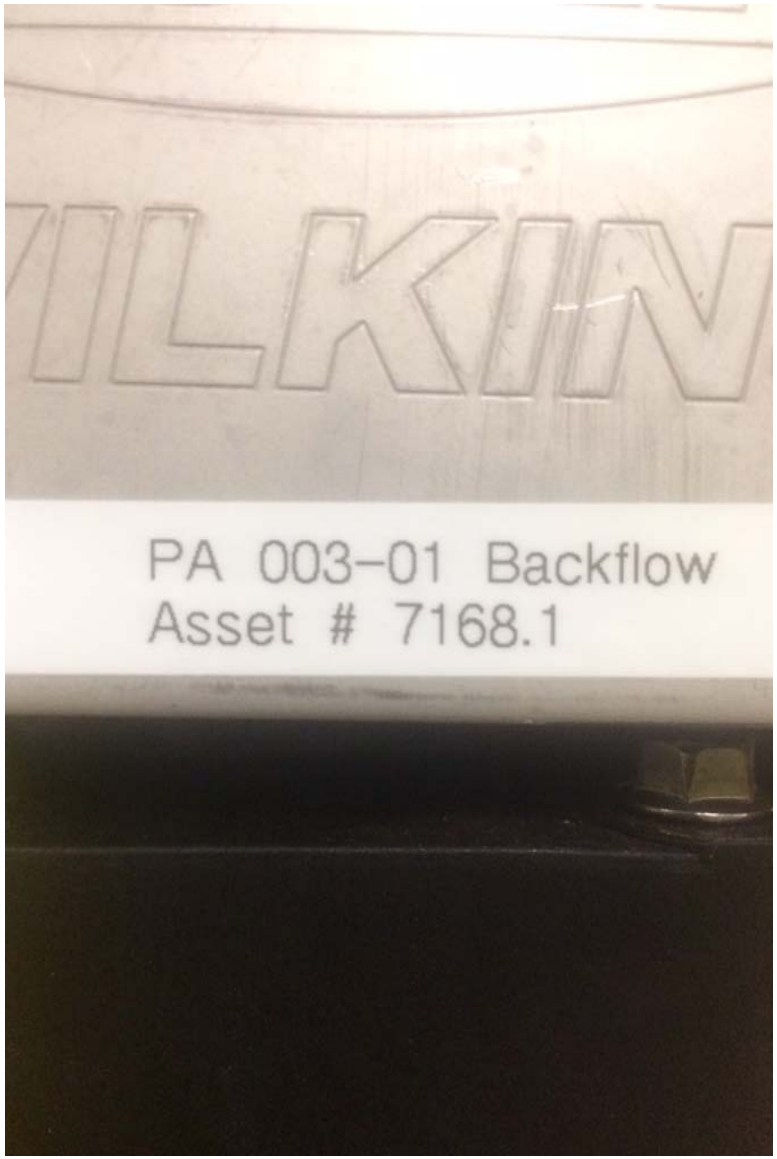
To be signed by Facility Manager:

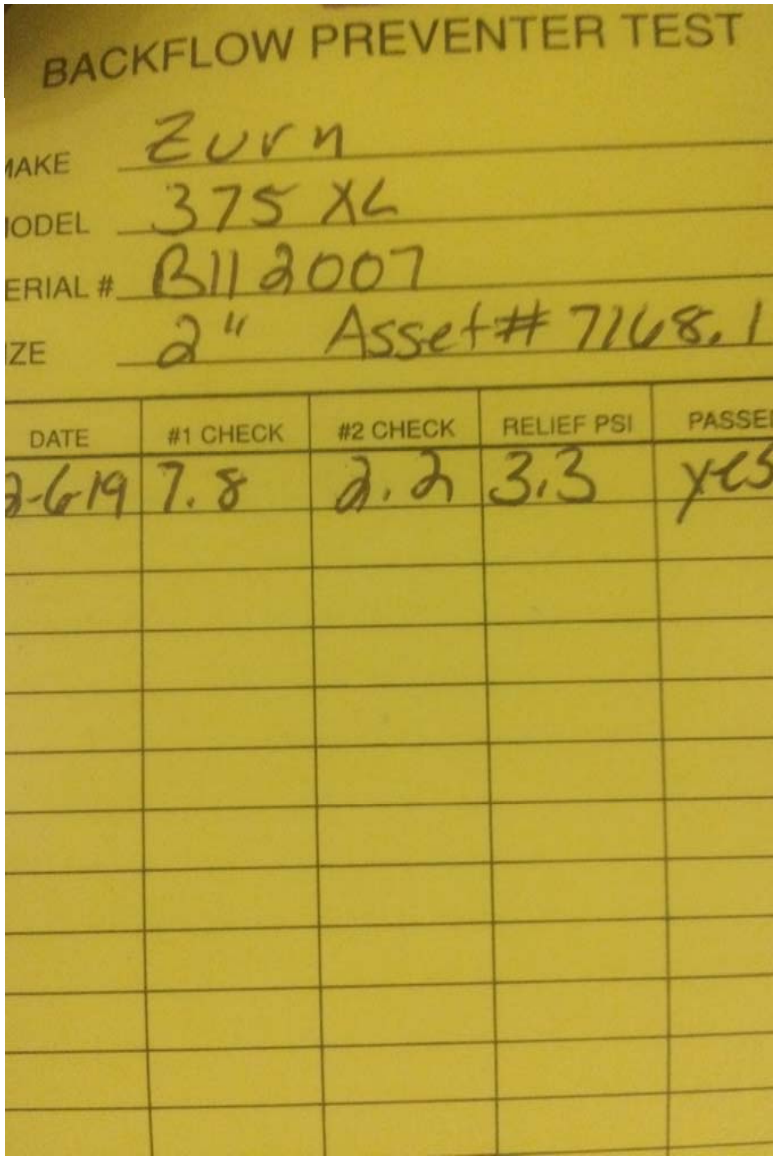
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: 2/6/19

Signed: _____

E-Mail: _____


WILKIN
PA 003-01 Backflow
Asset # 7168.1


BACKFLOW PREVENTER TEST
MAKE Zurn
MODEL 375 XL
SERIAL # B112007
SIZE 2" Asset# 7168.1
DATE
#1 CHECK
#2 CHECK
RELIEF PSI
PASSED
2-6-19
7.8
2.2
3.3
yes