

CERTIFICATION OF WORK

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

FACID/Building: PA011 Date of Visit: 2-12-19

Contractor Personnel on Site:

1. \_\_\_\_\_
2. \_\_\_\_\_

Work Performed: Tested 3/4" Wilking 2urn backflow and it passed

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

1. WO# 7287 Asset # 7267

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: 2-12-19

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: Timothy S. Peters Date: 12 FEB 19

Signed: Timothy S. Peters

E-Mail: \_\_\_\_\_







THE

Wilkins, Zuma

7X-526

1133618

3/4 "

LYKEN  
PO

1015 SECO ROAD • MONROEVILLE, PA 15146

(412) 380-0395 • (412) 380-0397





BACKFLOW PREVENTER TEST  
MAKE Wilkins # 2477  
MODEL 975 XL  
SERIAL # 1133615  
Device # 5/1  
LYKENS HEATING  
P.O. BOX 185 Tyngsboro, MA 01879