

### CERTIFICATION OF WORK

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

FACID/Building: PA013

Date of Visit: 2-1-19

Contractor Personnel on Site:

1. Peter Boyum 2. \_\_\_\_\_

#### Work Performed:

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

1. WO# 7321 Asset# 7170 & 7171

#### 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: 2-1-19

Signed: Peter T. Boyum

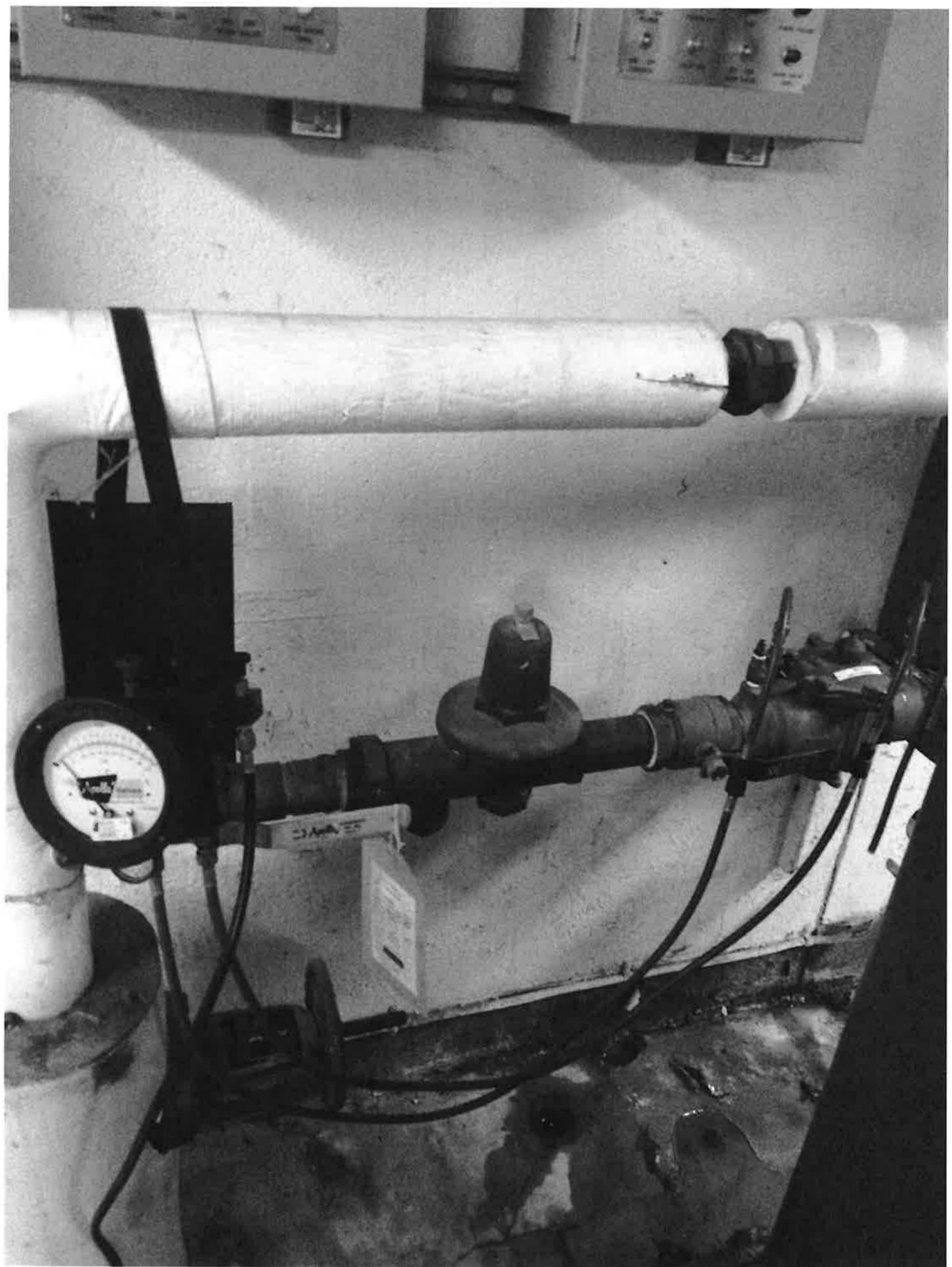
To be signed by Facility Manager:

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: MAJ JOHN W. Date: 01 FEB 19

Signed: JW

E-Mail: JOHN.W.KAY12.mil@navsource.org



50 psi

# BACKFLOW PREVENTER TEST

MAKE watts  
MODEL 009m2  
SERIAL # A23597  
SIZE 2" Asset 7170