

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 <sup>Asset #</sup> 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 Boyum

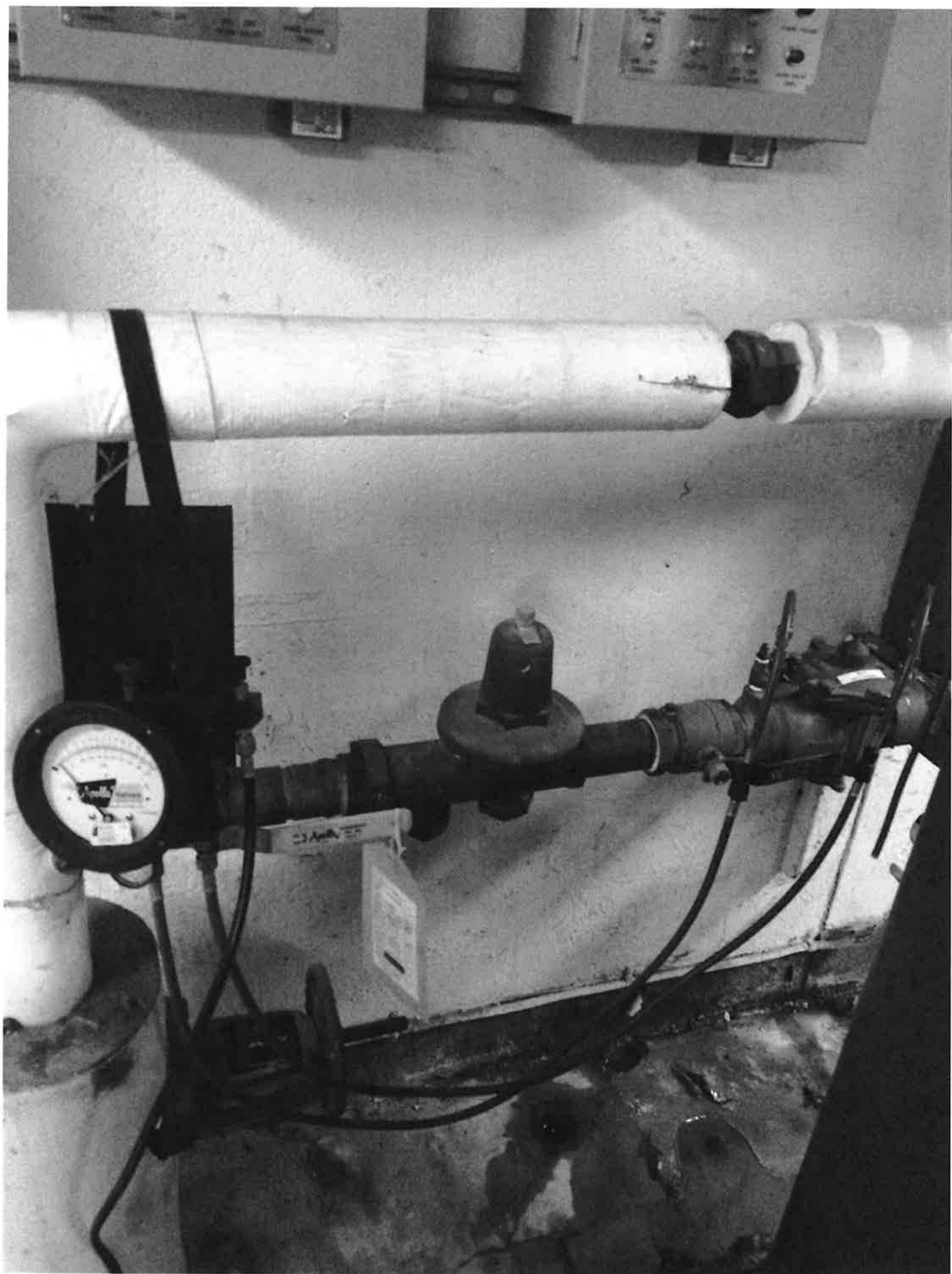
To be signed by Facility Manager:

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. KATIL Date: 01 FEB 19

Signed: [Signature]

E-Mail: JOHN.W.KATIL@MILPAMAIL.MIL



# BACKFLOW PREVENTER TEST

MAKE Watts

MODEL 009m2

SERIAL # A23597

SIZE 2" Asset 7170

[illegible]