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# Serial # 586560
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 [illegible] Date: 01 FEB 19

Signed: _____

E-Mail: JOHN.W.KYLE.MIL@MAIL.MIL


WATTS
MAINTEN
RECORD
MODEL # LF909QT
DATE
BY
2-1-18 PASSED
Apollo Valves

BACKFLOW PREVENTER TEST

MAKE Watts

MODEL 919 QT

SERIAL # 58656

SIZE 3/4" - Asset # 7171

DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
2-1-19	7.9	failed	2.4	No

SENTRY MECHANICAL, LLC.

1015 SECO ROAD • MONROEVILLE, PA 15146