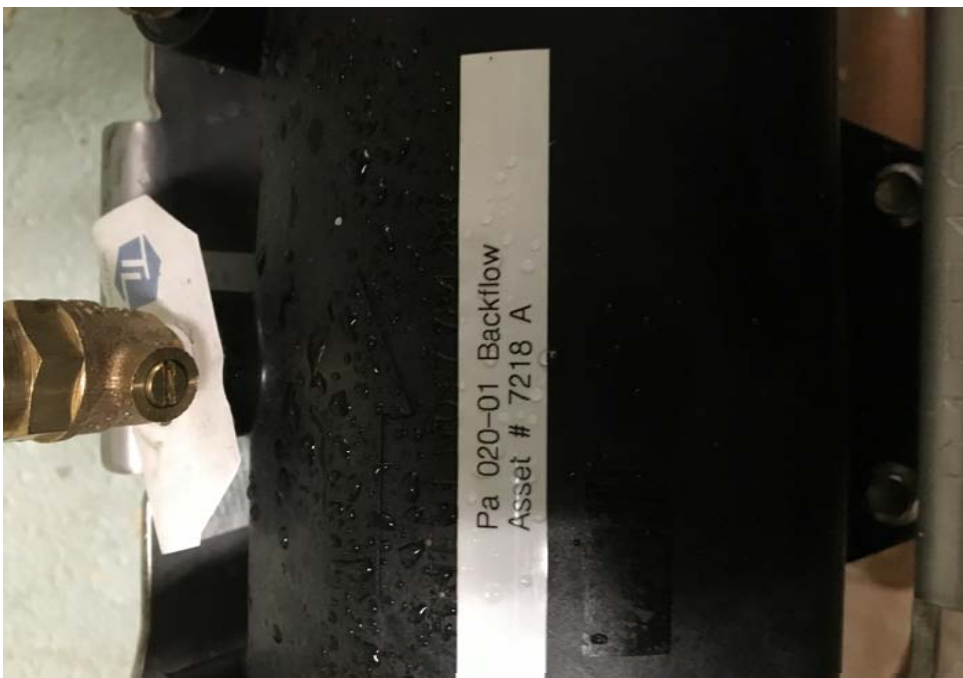




CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 87104-14020 Date of Visit: 2-22-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 2" Wilkins Backflow and it passed

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

1. WO# 7264 Asset # 7218 A

Service Calls - Service Call Number and Description

1. CSS# _____

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bryan Portnowich Date: 2-22-19

Signed: [Signature]

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: 22 Feb 19

Signed: [Signature]

E-Mail: _____



