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

FACID/Building: _____ Date of Visit: 2-11-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested on 3/4" Watts RP2 backflow and it passed

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

1. WO# 7232 Asset # 7172 PM# 1014

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: 2-11-19

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: Ms Kasaundra Ellis Date: 2-11-19

Signed: KE

E-Mail: kasaundra.l.ellis.civ@mail.mil