CERTIFICATION OF WORK

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

FACID/Building: PA050 Date of Visit: 2-11-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested a 3/4" Wilkins RP2 backflow and it passe

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

1. WO# 7234 ~~Asset~~ Asset # 7219 PA #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: Boban Martinovich Date: 2-11-19

Signed: Boban 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: AL Malkowski Date: 2/11/19

Signed:

E-Mail: _____