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

FACID/Building: 051/292 Date of Visit: 2-14-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 4" Conbraco backflow and it passed

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

1. WO# 7227 S# N5986 M# 4020A02 Asset # 7160

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: 2-14-19

Signed: Bojan

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 Maginski Date: 2/14/19

Signed:

E-Mail: _____

BACKFLOW PREVENTER TEST

MAKE ConBRACO

MODEL 40 200A02

SERIAL # N5986

SIZE

DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
2/20/18	7.2	2.2	3.6	Yes
2-14-19	7.8	2.4	3.2	Yes