

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

FACID/Building: 051/292 Date of Visit: 2-14-17

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 1" Apollo backflow and it passed

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

1. WO# Asset # 7161 S# 321076 M# RP40

Service Calls - Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bogdan Martynovich Date: 2-14-17

Signed: _____

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 Poyasov Date: 2/14/19

Signed: Al Poyasov

E-Mail: _____

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A 6010

RP40

321076

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[illegible]

NTKRI
1015 SECO ROAD • MONROEVILLE, PA 15146
(412) 380-0395 • (412) 380-0397

PA051-01

Asset # 7161-Backflow-

CONVERTED

RP40
MODEL
REDUCED PRESSURE ASSEMBLY
SIZE

1	221075	10205T2
SERIAL NO.		SERIES

HORIZONTAL ONLY
175 PSI MAX 33°F - 180°F

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