

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____ 2. _____
144" Sockflow one it passed

Work Performed: Tested Conbraco
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# _____ Asset # 7162 M# 40206A2 S# T9166

Service Calls - Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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 M... Date: 2/14/19

Signed: _____

E-Mail: _____

CITY OF N.Y.

4020.6A2

MODEL NO.

T9166

1 1/4

SIZE

CONBRACO IND., INC.

SERIAL NO.

ASSE 1013



B64.4

PA051-01

Asset # 7162-Backflow

BACKFLOW PREVENTER TEST

MAKE COMBRACO

MODEL 4020 6A2

SERIAL # 79166

SIZE 1'1/4

[illegible]

MECHANICAL, LLC.
15146
EVILLE, PA

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