

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. \_\_\_\_\_

Work Performed: Tested Conbraco 144" Sockflow one 1 + passed

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

1. WO# Asst # 7162 M# 40206A2 S# T 9166

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 Maysori Date: 2/14/19  
Signed: John  
E-Mail: \_\_\_\_\_



PA051-01

Asset # 7162-8 Jackflow

# BACKFLOW PREVENTER TEST

COOPERATIVE

4020642

79166

1 1/4

MAKE

MODEL

SERIAL #

SIZE

DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
2/27/18	7,2	2,3	20.9	YES
2-14-19	9,2	2,2	3.0	YES

SENTRY MECHANICAL, LLC.  
1015 SECO ROAD • MONROEVILLE, PA 15146  
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