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 1 1/4" Conbraco backflow and it passed

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

1. WO# M# 4020GA2 S# Q4454 Asset # N/A

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

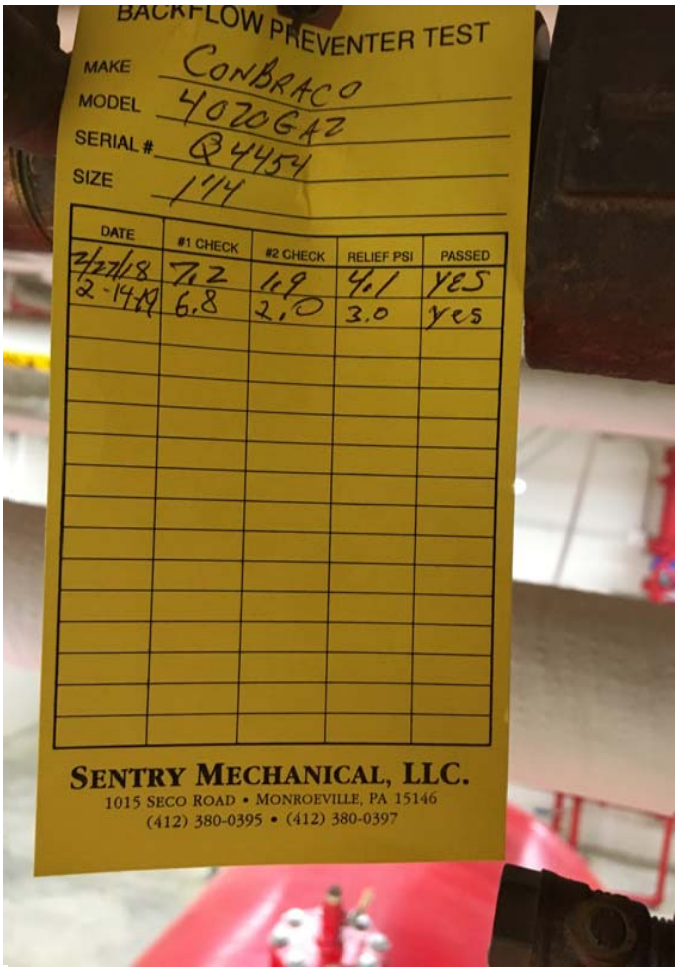
Print Name: Bojan Mortinovich Date: 2-14-19

Signed: Bojan M

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 Malaski Date: 2/14/19

Signed: Al M

E-Mail: