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

FACID/Building: PA053-01 Date of Visit: 2-19-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 3/4" Watts back flow one the whole valve failed. Need to replace the back flow

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

1. WO# 7236 Asset # 7176 M# 909QT S# 616443

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: 2-19-19

Signed: Bojan [illegible]

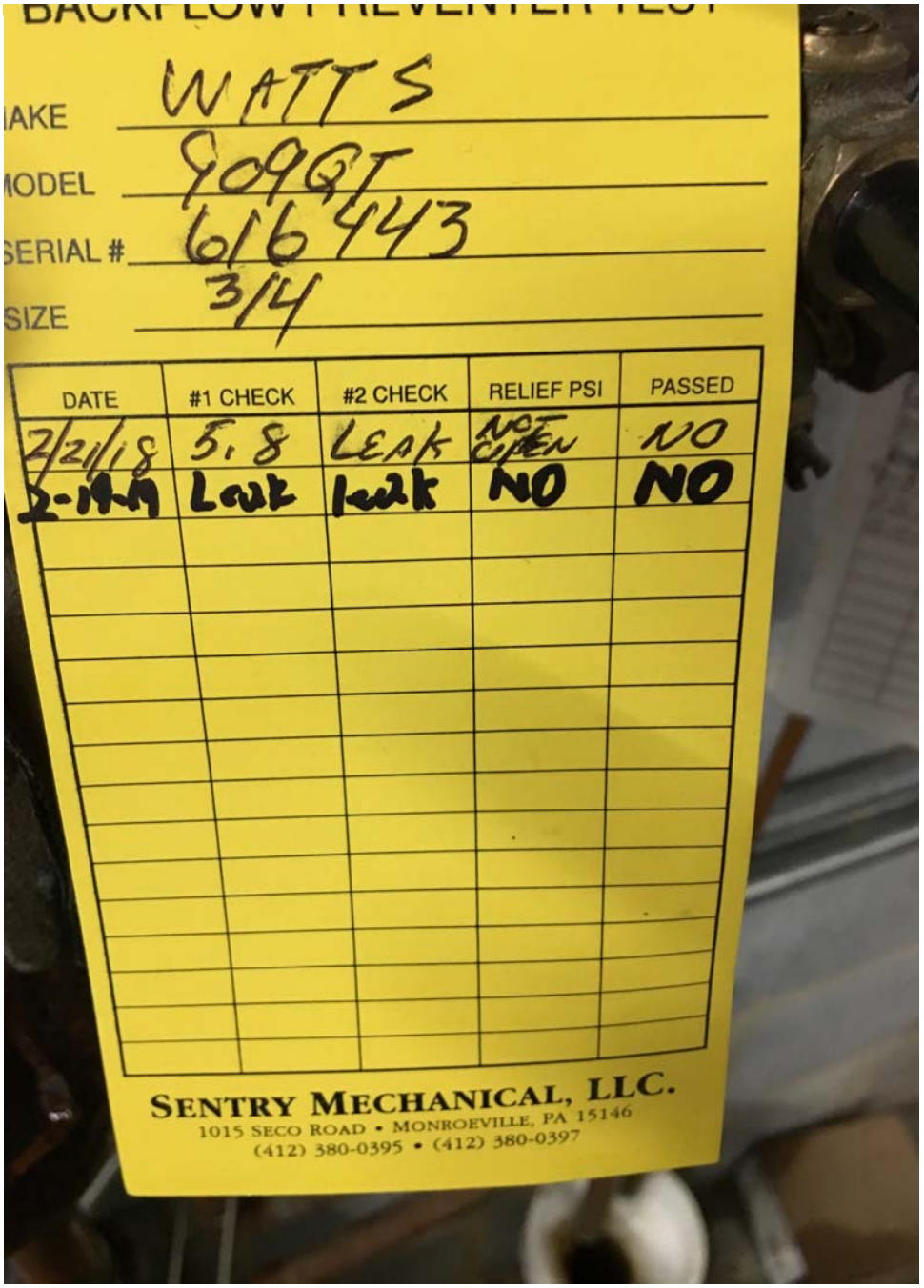
To be signed by Facility Manager:

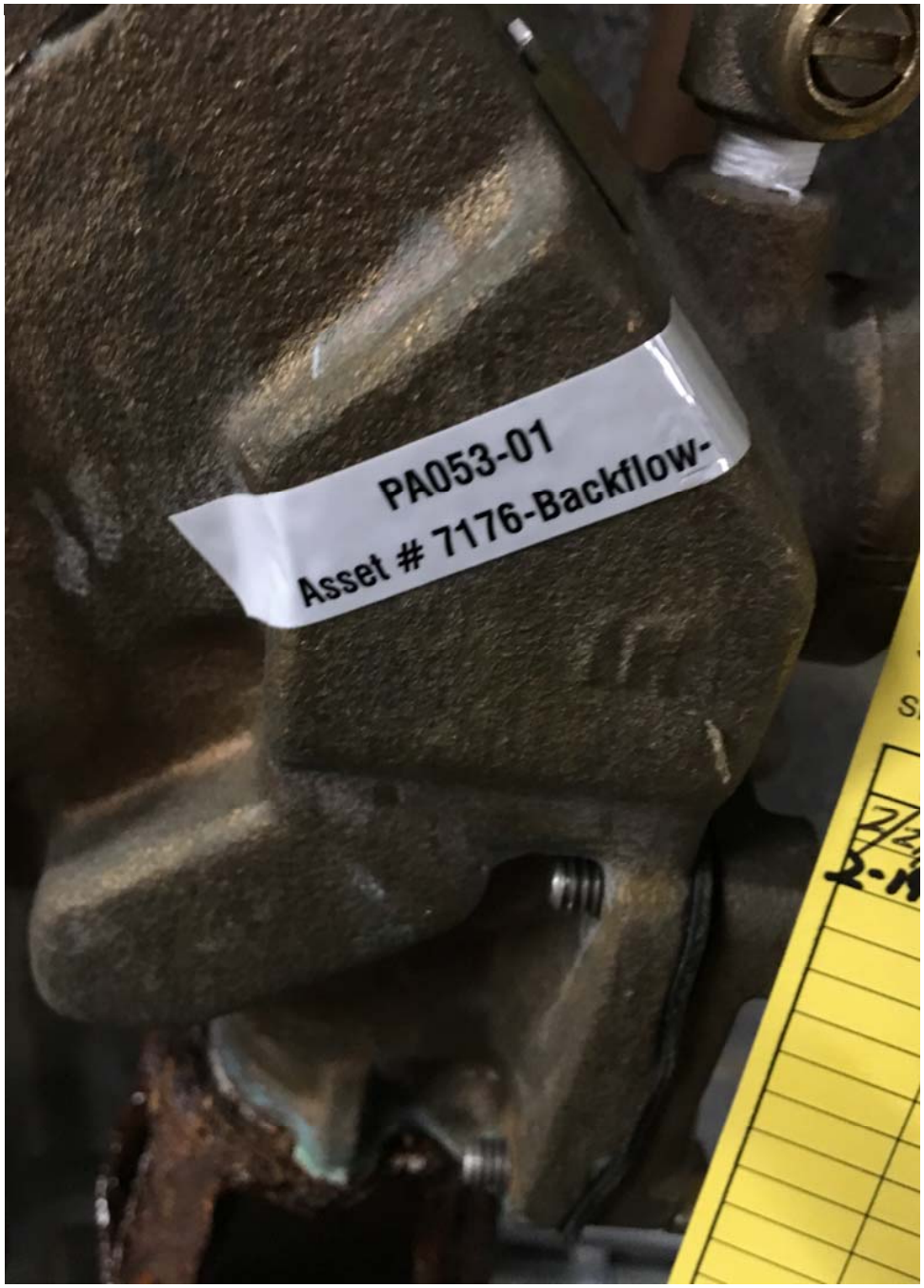
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: [illegible] Date: 2/19/19

Signed: [illegible]

E-Mail: _____


BACKFLOW PREVENTER TEST
MAKE WATTS
MODEL 909QT
SERIAL # 616443
SIZE 3/4
DATE | #1 CHECK | #2 CHECK | RELIEF PSI | PASSED
2/21/18 | 5.8 | LEAK | NOT OPEN | NO
2-19-19 | Leak | leak | NO | NO
SENTRY MECHANICAL, LLC.
1015 SECO ROAD • MONROEVILLE, PA 15146
(412) 380-0395 • (412) 380-0397


PA053-01
Asset # 7176-Backflow-