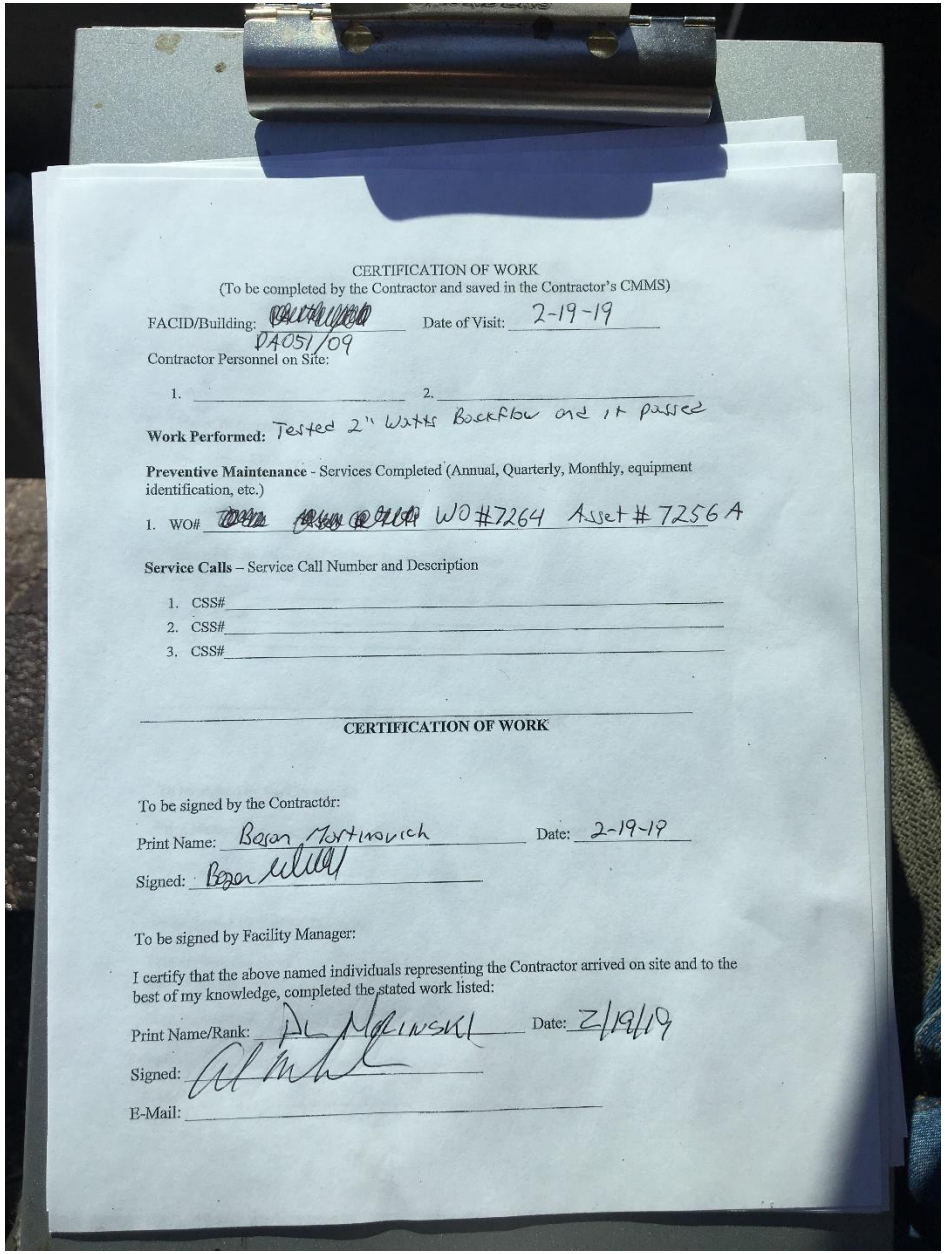

CERTIFICATION OF WORK

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

FACID/Building: [redacted] DA051/09 Date of Visit: 2-19-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 2" Watts Backflow and it passed

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

1. WO# [redacted] WO#7264 Asset # 7256A

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bozan Martinovich Date: 2-19-19

Signed: Bozan Martinovich

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 MALINSKI Date: 2/19/19

Signed: Al Malinski

E-Mail: _____

Pa 051-09 Backflow
Asset# 7256 A

909 RP
SIZE 2"
SER. NO. 33818
175 PSI
140° F
CITY OF N.Y.
MEA-144-83-M
MADE in U.S.A.
WATTS
REGULATOR


ROTH
FACILITIES AUTOMATION DIVISION
(800) USA-ROTH