

CERTIFICATION OF WORK

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

FACID/Building: PA051/10 Date of Visit: 2-19-19

Contractor Personnel on Site:

1. _____ 2. Tested 2" Apollo Backflow and it passed

Work Performed:

Tested 2" Apollo Backflow and it passed
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 7281 Asset # 7253

Service Calls - Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Borja Yortnovich Date: 2-19-19

Signed: Borja Yortnovich

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: Alphonse Date: 2/19/19

Signed: Alphonse

E-Mail: _____



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AP 1/10

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