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

FACID/Building: 051/227 Date of Visit: 2-15-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 3/4" Wilkins backflow and it passed

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

1. WO# Asset # 7221 M# 975XL S# 882999

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bosan Martinovich Date: 2-15-19

Signed: Bosan 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 Malinoski Date: 2/15/19

Signed:

E-Mail: