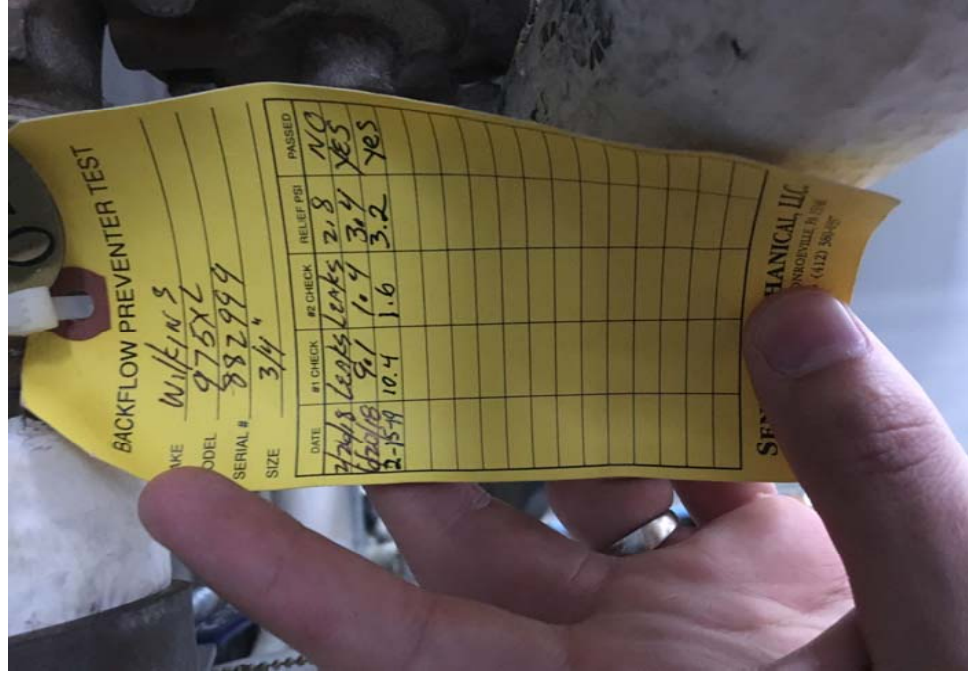




CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

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: Bogor Hartovich Date: 2-15-19

Signed: Bogor Hartovich

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/Sign: Al Thompson Date: 2/15/19

Signed: Al Thompson

E-Mail: _____

