CERTIFICATION OF WORK

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

FACID/Building: PA051/227 Date of Visit: 2-15-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 3" Wilkins backflow and it passed

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

1. WO# Asset # 7224 M# 975 S# B28584

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 Bortinovich Date: 2-15-19

Signed: Bojan Bortinovich

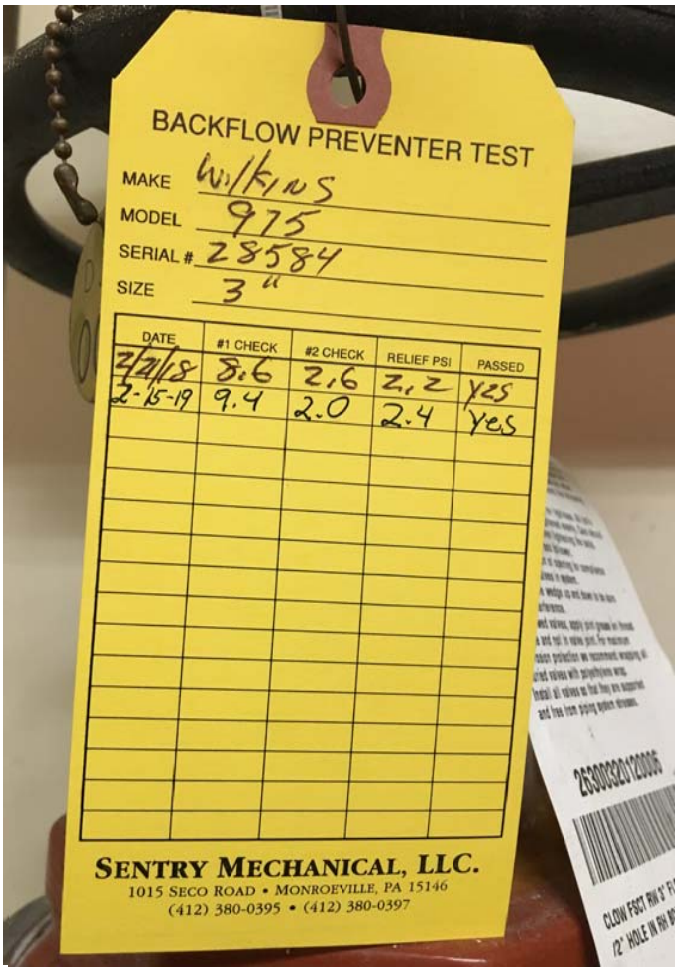
To be signed by Facility Manager:

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 Mayeux Date: 2/15/19

Signed: Al Mayeux

E-Mail: _____



BACKFLOW PREVENTER TEST

MAKE Wilkins

MODEL 975

SERIAL # 28584

SIZE 3"

DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
7/21/18	8.6	2.6	2.2	YES
2-15-19	9.4	2.0	2.4	Yes

SENTRY MECHANICAL, LLC.

1015 SECO ROAD • MONROEVILLE, PA 15146

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