

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

FACID/Building: 04067 Date of Visit: 2-22-19

Contractor Personnel on Site: _____

1. _____ 2. _____

Work Performed: Tested 2 1/2" Wafts Backflow and it passed

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

1. WO# 7238 Asset # 7178

Service Calls - Service Call Number and Description

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

CERTIFICATION OF WORK

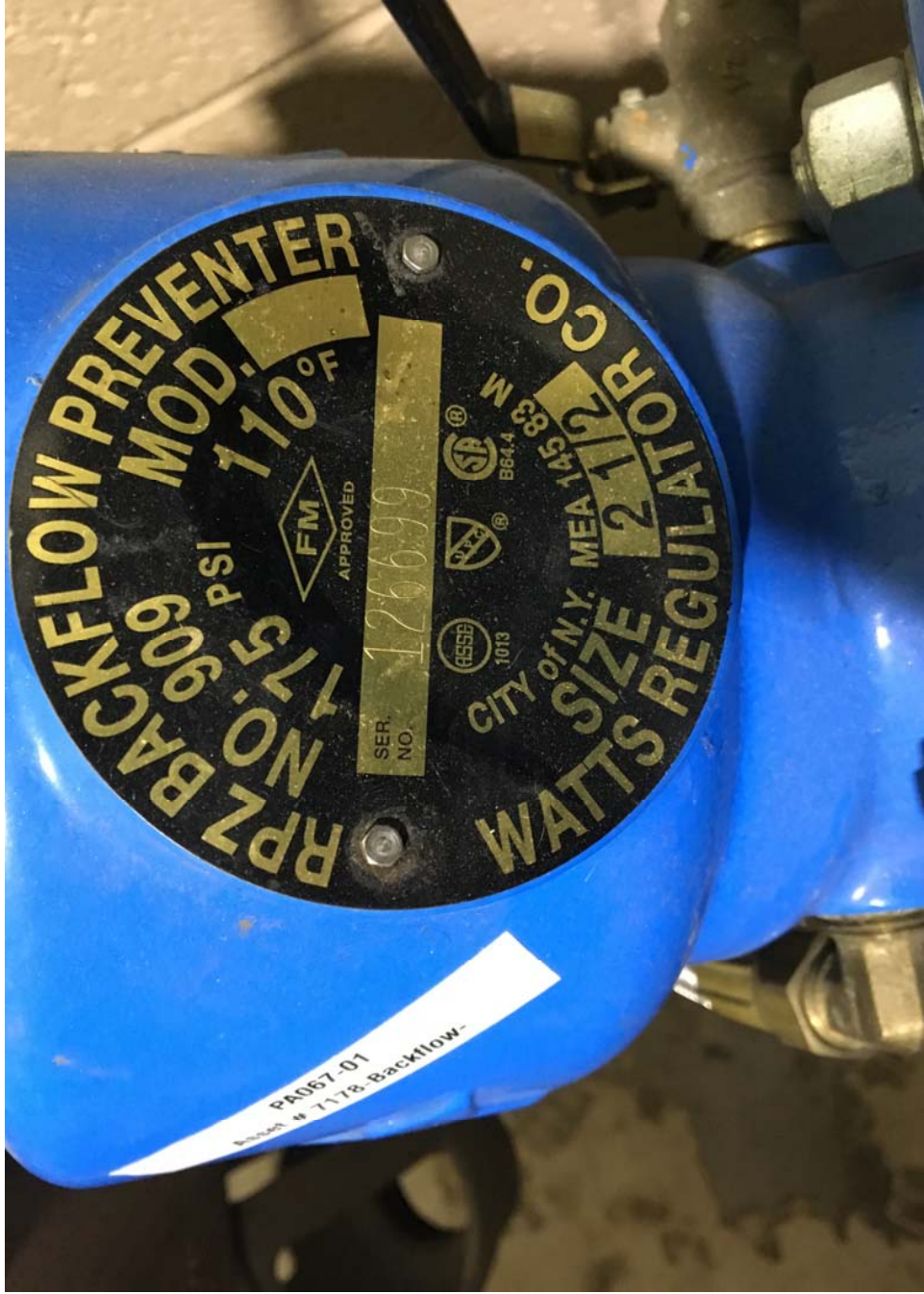
To be signed by the Contractor: _____
Print Name: Bryan Mortimer Date: 2-22-19
Signed: Bryan Mortimer

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: Christopher Zuz 6509 Date: 20190222
Signed: Christopher Zuz
E-Mail: christoph.zuz@ci.wa.gov





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