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

FACID/Building: PA079 Date of Visit: 2-22-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 3/4" Apollo Backflow one it passed

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

1. WO# 7239 Asset # 7181

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Boban Martinovich Date: 2-22-19

Signed: Boban Martinovich

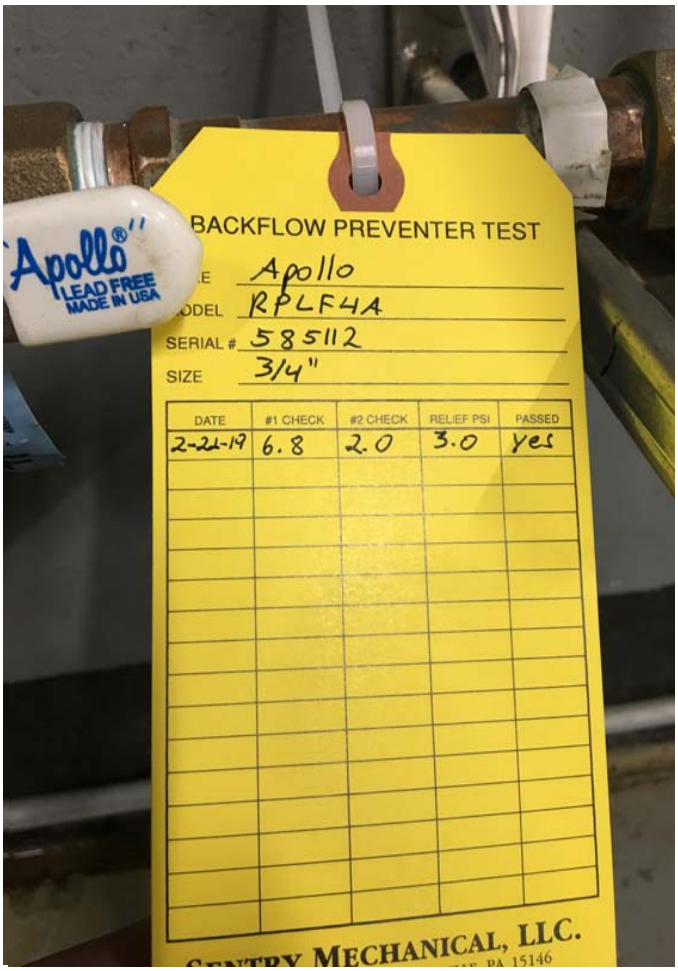
To be signed by Facility Manager:

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: Sutter, Josh Date: 22 Feb 19

Signed: [illegible]

E-Mail: joshua.c.sutter2.civ@mail.mil



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