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

FACID/Building: 080 Date of Visit: 2-12-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 1½" watts RPZ and it passed. Found another backflow that needed to be tested. Tested the new back flow and it passed

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) New backflow into - 3/4" Watts RPZ M# LF009M3QT S# 41152

1. WO# 7240 Asset # 7182

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

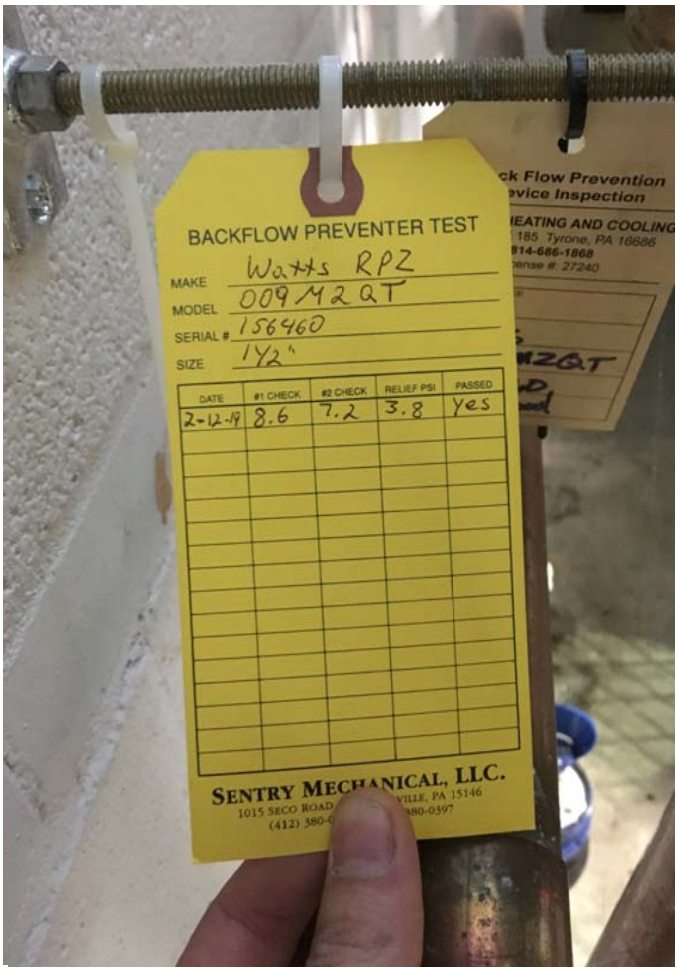
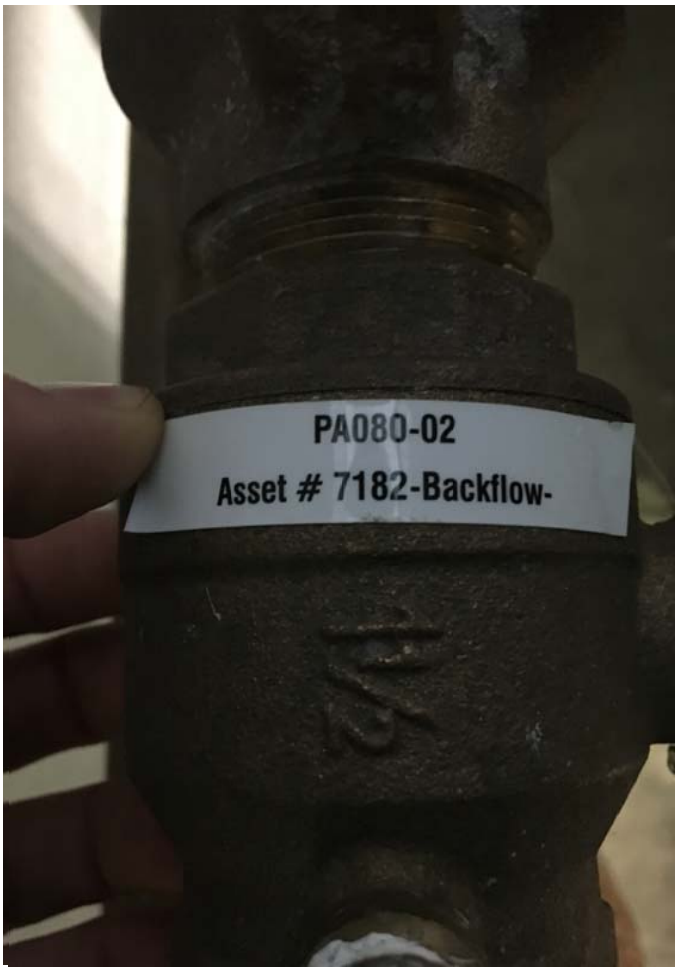
Print Name: Bojan Martinovich Date: 2-12-19

Signed: Bojan 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: BRENDA BYARS Date: 2/12/19

Signed: Brenda Byars

E-Mail: _____