

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

FACID/Building: PA087 Date of Visit: _____

Contractor Personnel on Site:

1. _____
2. _____
Work Performed: Tested a 2" Wilkins RP2 and it failed. The #2 shaft shaft
refers to the back flow. Need to replace the valve and
preventive maintenance - Services Completed (Annual, Quarterly, Monthly, equipment
identification, etc.)

1. WO# 7266 Asset # 7222 PM # 1014

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: 2-8-19
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: 659 welf James T. Date: 8/28/19
Signed: James T. welf
E-Mail: james.t.welf.cu@mail.com



