

# 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 shut off valve is not holding. Need to replace the valve and reset the backflow. To make sure that the rest of the backflow is operating good

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 Wolff James T. Date: 8 Feb 19

Signed: James T. Wolff

E-Mail: james.t.wolff.civ@mail.mil

DAVIS-ULMER  
5 Year Obstruction  
Investigation  
Date Reported: 06/10/17  
By: J. G. G. G.  
Inspected By: J. G. G. G.  
For Emergency Service Call:  
877-691-3200

WILKINS

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