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

FACID/Building: PA 166-01 Date of Visit: 2-26-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 3/4" watts and the relief valve failed Need to rebuild the relief valve

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

1. WO# 7222 Asset # 7264

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 Mortnovich Date: 2-26-19

Signed: Bojan Mortnovich

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: TIMOTHY S PETERS Date: 26 FEB 19

Signed: Timothy S Pe

E-Mail: _____

CMI BACKFLOW - INFORMATION FOR REPAIR

Repair to be done Need to rebuild the relief valve it failed the test

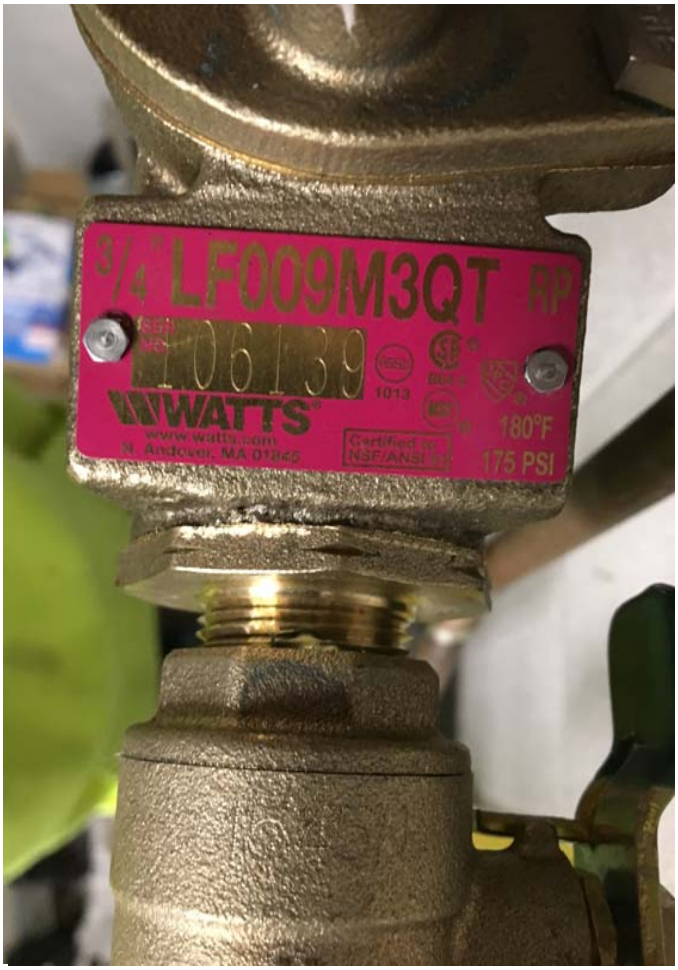
Asset # 7264

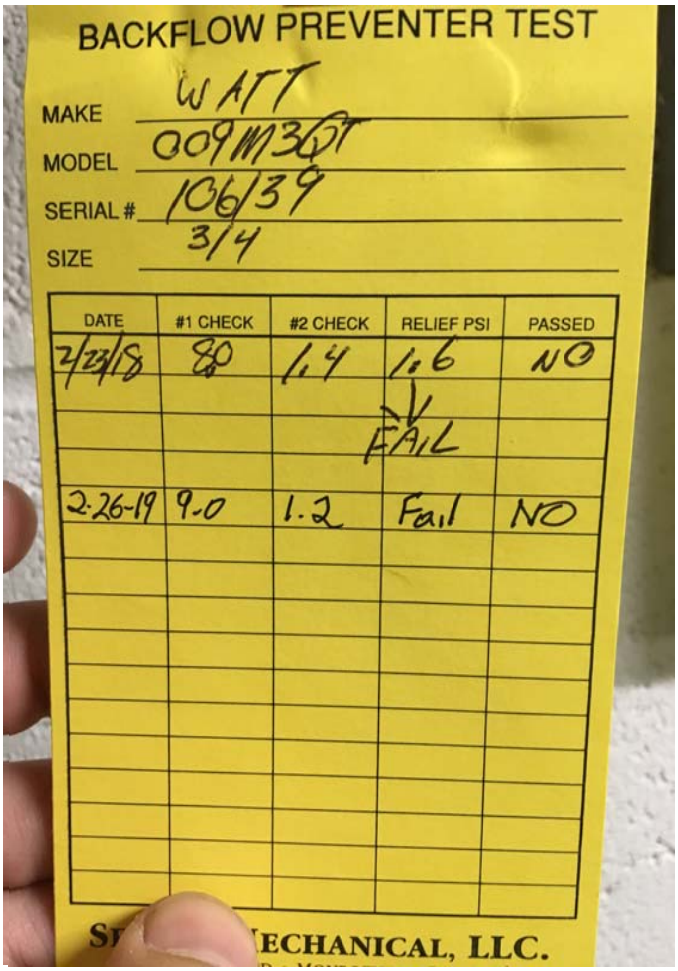
How many hours needed to perform repairs 4

Vendor quoting parts American Backflow

Material price $ 91.02

Request quote to be emailed Tammy





BACKFLOW PREVENTER TEST

MAKE WATT

MODEL 009M3QT

SERIAL # 106139

SIZE 3/4

DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
2/23/18	80	1.4	1.6	NO
			↓	
			FAIL	
2-26-19	9.0	1.2	Fail	NO

SI ECHANICAL, LLC.