

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. 1. 2.

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

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

1. WOH 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: Boyer Martovich Date: 2-26-19

Signed: Boyer Martovich

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: Tammy S. Peters Date: 26 FEB 19

Signed: Tammy S. Peters

E-Mail: _____

CMI BACKFLOW - INFORMATION FOR REPAIR

Repair to be done Need to rebuild the relief valve 1x
build 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



[illegible]

W 11 / 2 1000

18/11/00

10/31

4/10

[illegible]

SYNTECHNICAL, LLC.