CERTIFICATION OF WORK

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

FACID/Building: PA166-6B Date of Visit: 2-26-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Was leaking everywhere. Need to replace the Back flow couldn't test the 3/4" watts backflow because

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

1. WO# 7223 Asset # 7187

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: 2-26-19

Signed: Bojan Martinovich

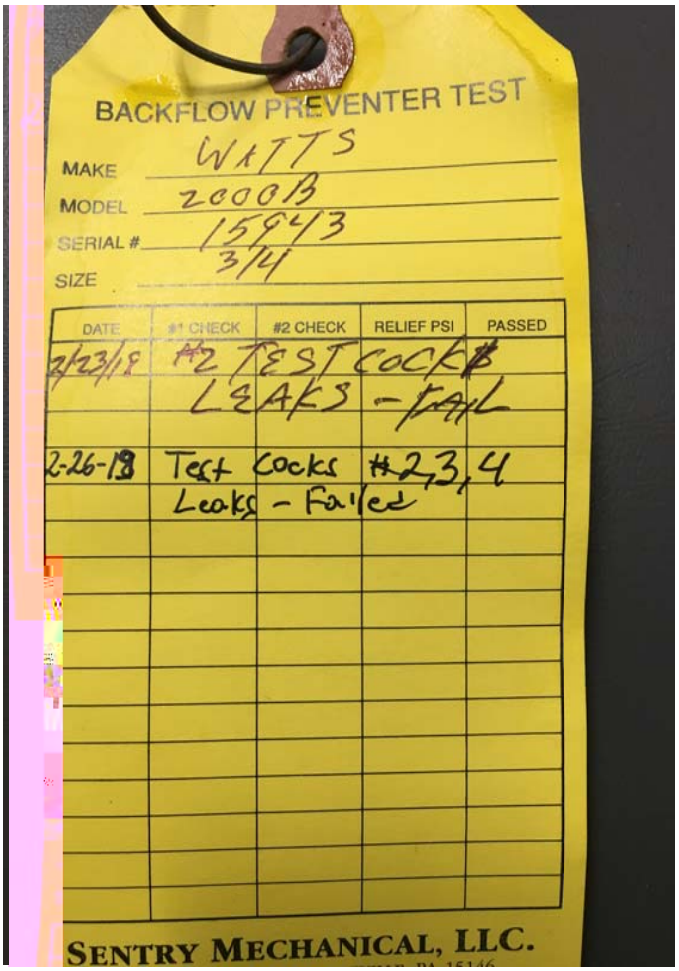
To be signed by Facility Manager:

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: TIMOTHY S PETERS Date: 26 FEB 19

Signed: _____

E-Mail: _____


BACKFLOW PREVENTER TEST

MAKE WATTS

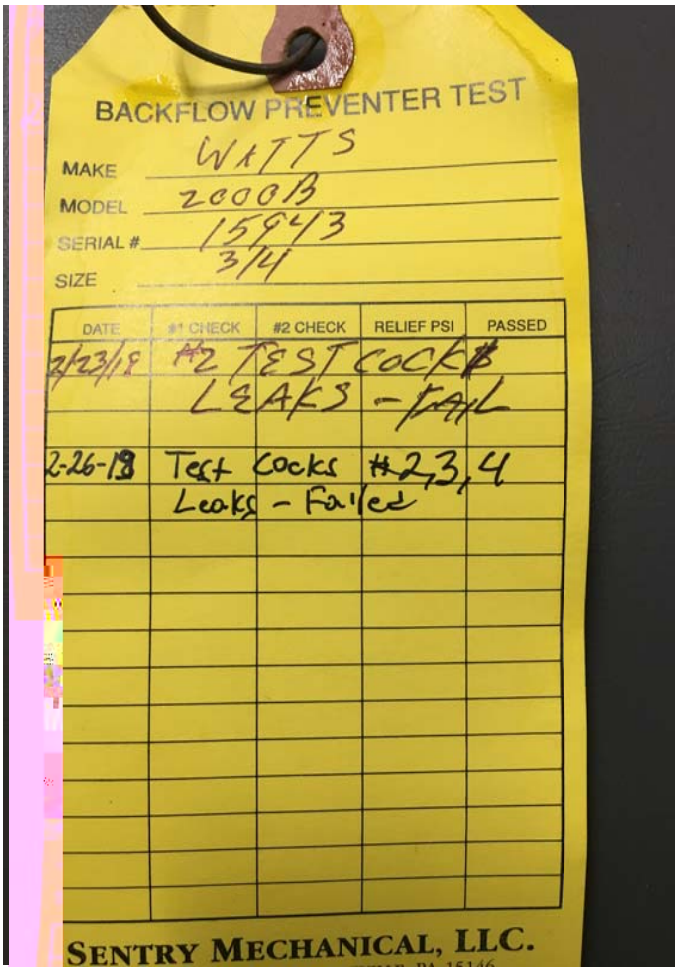
MODEL 2000B

SERIAL # 15943

SIZE 3/4

DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
2/23/18	#2 TEST COCK LEAKS - FAIL			
2-26-18	Test Cocks Leaks - Failed		#2,3,4	

SENTRY MECHANICAL, LLC.


BACKFLOW PREVENTER TEST

MAKE WATTS

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DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
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SENTRY MECHANICAL, LLC.