CERTIFICATION OF WORK

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

FACID/Building: PA166-03 Date of Visit: 2-26-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed: Tested 1½" with Backflow and IX passed

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

1. WO# 7224 Asset # 7155

Service Calls – Service Call Number and Description

1. CSS#_____
2. CSS#_____
3. CSS#_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Boson Martinovich Date: 2-26-19

Signed: Boson Martinovich

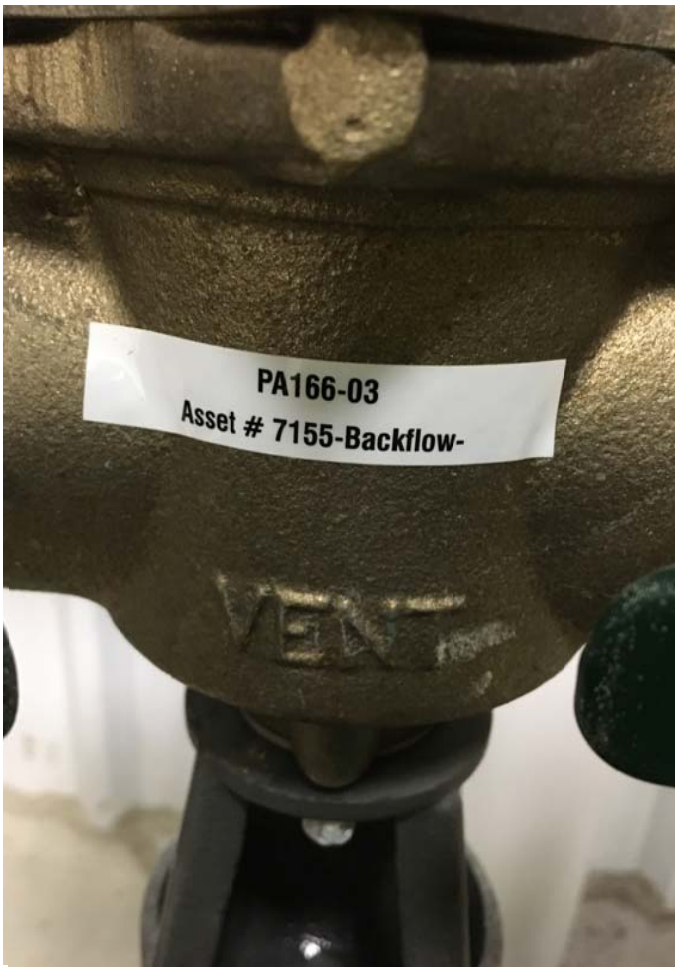
To be signed by Facility Manager:

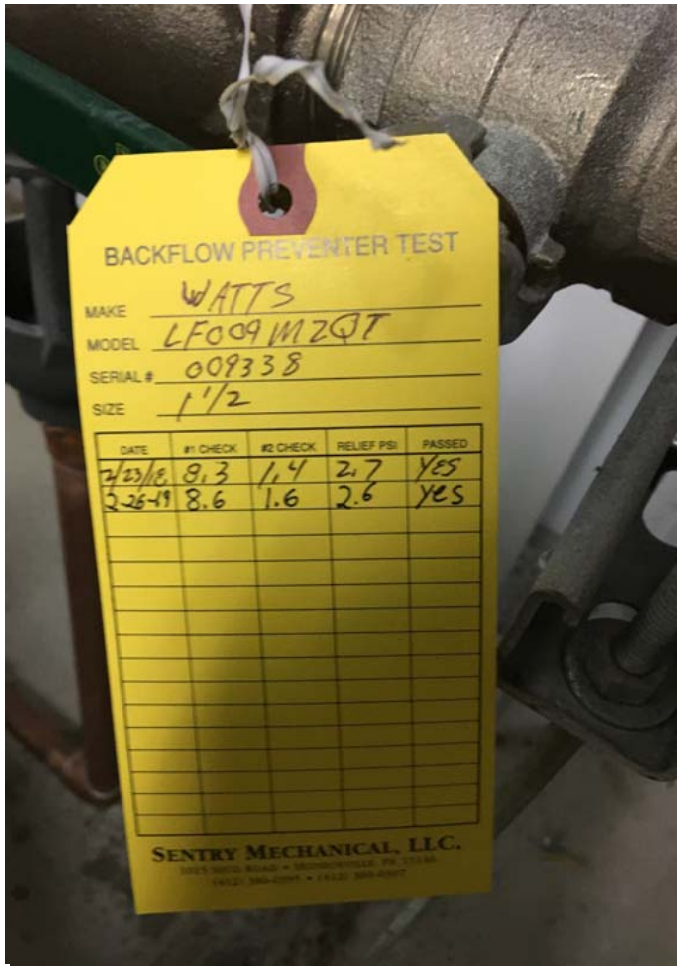
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

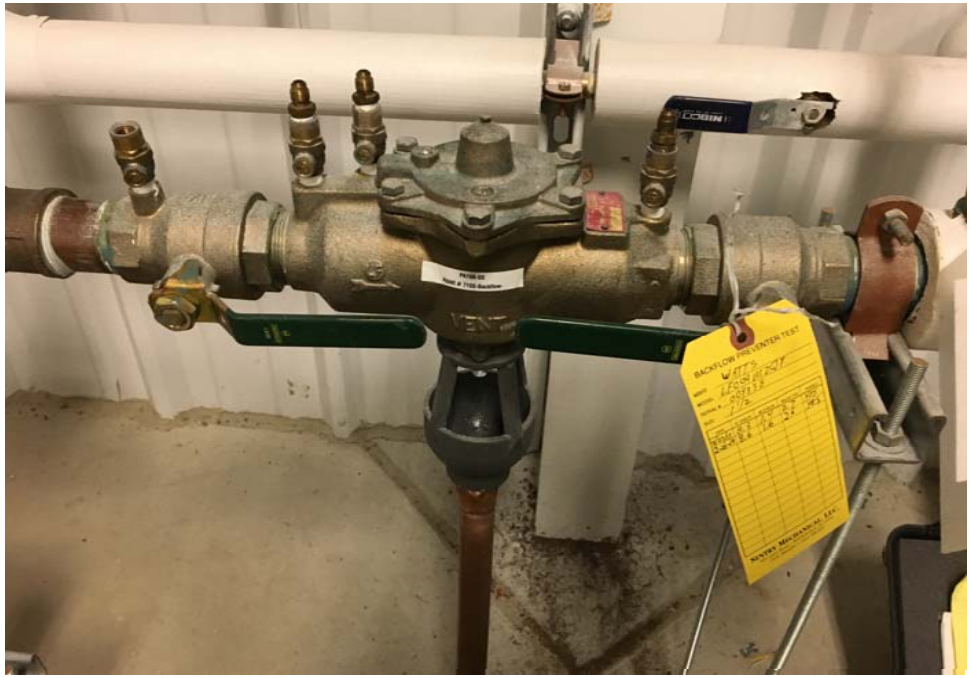
Print Name/Rank: TIMOTHY S PETERS Date: 26FEB19

Signed: _____

E-Mail: _____






BACKFLOW PREVENTER TEST