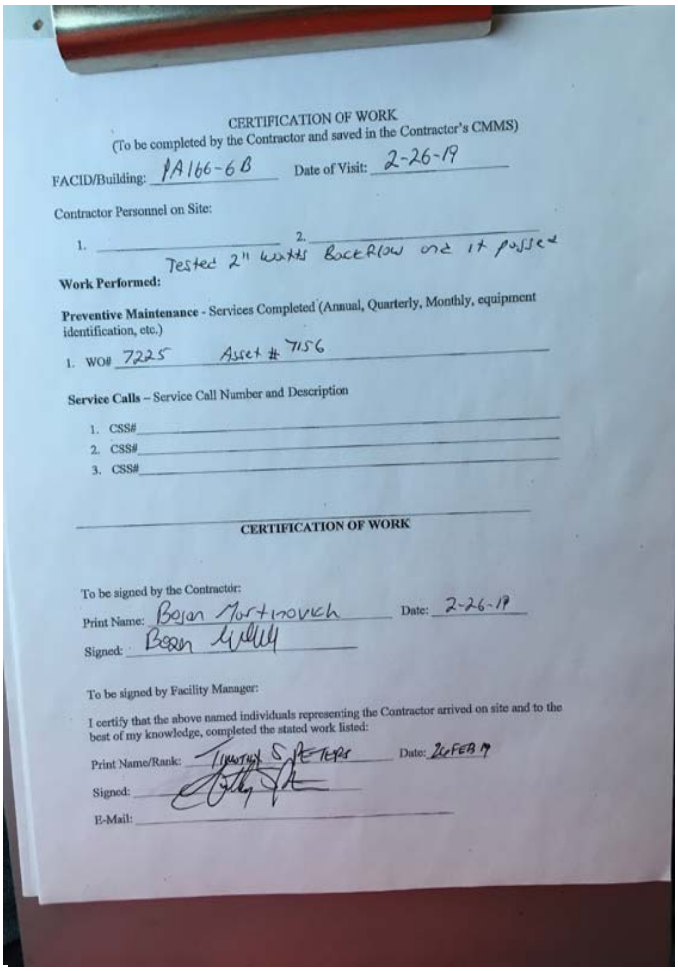


CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

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

Contractor Personnel on Site:

1. 2.

Work Performed: Tested 2" Watts Backflow and it passed

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

1. WO# 7225 Asset # 7156

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

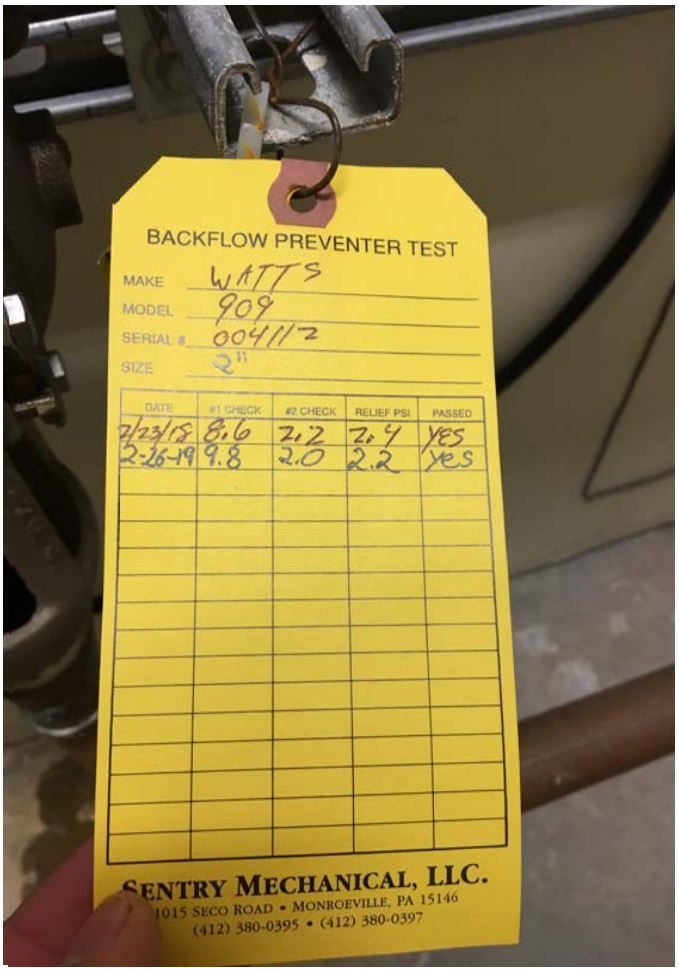
Print Name: Bojan Mortinovich Date: 2-26-19

Signed: Bojan Mortinovich

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: