

CERTIFICATION OF WORK

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

FACID/Building: PA 171 Date of Visit: 2-19-19

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# 7242 Asset # 7191

Service Calls - Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Borja Myrtovich Date: 2-19-19

Signed: Borja Myrtovich

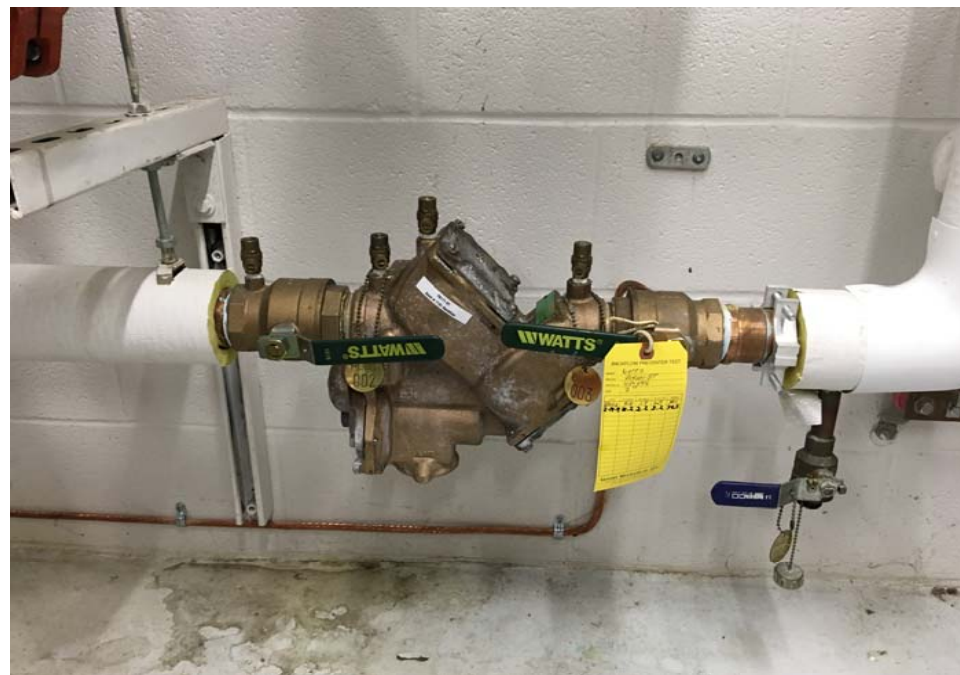
To be signed by Facility Manager:

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: Joseph Brad Date: 2/19/2019

Signed: [Signature]

E-Mail: _____

[illegible]