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

ACID/Building: WV038 Date of Visit: 2-4-19

ontractor Personnel on Site:

1. Peter Boyum 2. _____

ork Performed:

reventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment
entification, etc.) Watts - 2"

WO# 7263 Asset # 7217 M# LF009M2QT S#11800

ervice Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

o be signed by the Contractor:

rint Name: Peter Boyum Date: 2-4-19

igned: Peter. Boyum

o be signed by Facility Manager: Per Sgt. Dennis no one on site. Mechanical r
open. Device tested without personal on site.
certify that the above named individuals representing the Contractor arrived on site and to the
est of my knowledge, completed the stated work listed:

rint Name/Rank: _____ Date: _____

igned: _____

-Mail: _____

BACKFLOW PREVENTER TEST

KE Watts

DEL LF009M2QT

IAL # 118005

E 2"

DATE	#1 CHECK	#2 CHECK	RELIEF PSI	PASSED
-4-19	9.2	2.0	3.6	Yes