

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

FACID/Building: PA051-01 Date of Visit: 2/20/18

Contractor Personnel on Site:

1. Jim McElhenny 2. _____

Work Performed:

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

1. WO# NOT ON LIST

Service Calls - Service Call Number and Description

1. CSS# 1" Apollo RP M-RP4C
S-321076 Hose B,B only
2. CSS# FAI - #2 Check Leaks
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhenny Date: 2/21/18

Signed: Jim McElhenny

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: Al Nowicki Date: 2/21/18

Signed: Al Nowicki

E-Mail: _____

BACKFLOW PREVENTER TESTS

48/6

~~PROV~~

32/674





