

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 McELHANNY 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-RP43
S-321076 Hose B,B only

2. CSS# FAIL - #2 check leaks

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JIM McELHANNY

Date: 2/21/18

Signed: JIM McELHANNY

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 Mayowski

Date: 2/21/18

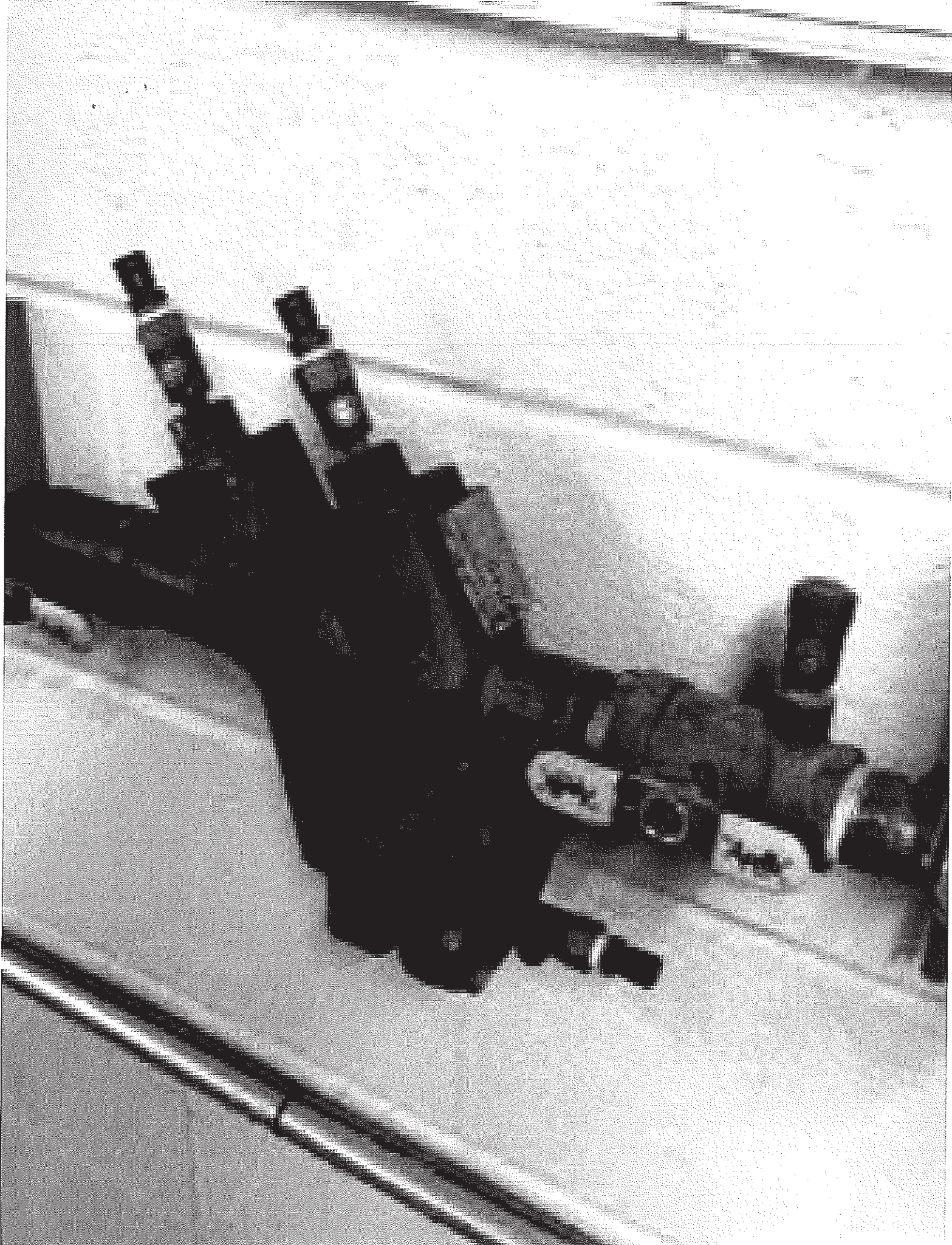
Signed: AL Mayowski

E-Mail: _____

RP 46

32/076

[illegible]



100-6
REPRODUCED
BY DEF

RP40

21076
102B5T2

0 5 2

1004
REPRODUCED
UNDER

RP 40

3 10 7 5
10 20 512