

PA 052

CERTIFICATION OF WORK

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

FACID/Building: ST. C/A/R Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Jim McElhenny 2. _____

Work Performed:

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

1. WO# 3/4" ConBRACO RP Boiler Feed - Pass

Service Calls - Service Call Number and Description

1. CSS# NOT on LIST

2. CSS# M-4020472 S-101275

3. CSS#

AL WANTED VALVE TESTED

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 Myslinski Date: 2/21/18

Signed: AL Myslinski

E-Mail: _____

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1 CHECK	2 CHECK	REL/REF
✓/✓ 8.0	✓/✓ 2.2	✓/✓

PA-052

CERTIFICATION OF WORK

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

FACID/Building: ST. CLAIR

Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Jim McElhenny 2. _____

Work Performed:

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

1. WO# 2" Wilkins DC - PASS

Service Calls - Service Call Number and Description

1. CSS# NOT ON LIST

2. CSS# M-950 S-014734

3. CSS#

AL WANTED VALVE TESTED

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: _____

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PA052

CERTIFICATION OF WORK

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

1300 ST CLAIR

FACID/Building: _____

Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Jim McElhenny

2. _____

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# TESTED 2" Wilkins DC - PASSED
2. CSS# TESTED 3/4 ConBraco RP - PASSED
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 Johnson Date: 2/21/18

Signed: Al Johnson

E-Mail: _____