

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 McELHINNEY 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 McELHINNEY

Date: 2/21/18

Signed: \_\_\_\_\_

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 Maysowski

Date: 2/21/18

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_







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 McELHINNEY 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 McELHINNEY Date: 2/21/18

Signed: [Signature]

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 MARGOZEKI Date: 2/21/18

Signed: [Signature]

E-Mail: \_\_\_\_\_



# BACKFLOW PREVENTER TEST

MAKE

WILKINS

MODEL

950

SERIAL #

014734

SIZE

2"

DATE

#1 CHECK

#2 CHECK

RELIEF PSI

4/15

2.8

2.4



PA052

CERTIFICATION OF WORK

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

FACID/Building: 1300 ST. CLAIR Date of Visit: 2/21/18

Contractor Personnel on Site:

1. JIM McELhinny 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 NC - PASSED  
2. CSS# TESTED 3/4 CON BRACE RP - PASSED  
3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JIM McELhinny Date: 2/21/18

Signed: [Signature]

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 [Signature] Date: 2/21/18

Signed: [Signature]

E-Mail: \_\_\_\_\_