

CERTIFICATION OF WORK

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

FACID/Building: PA166-01 Date of Visit: 2/23/18

Contractor Personnel on Site:

1. Tim McElhenny 2. _____

Work Performed:

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

1. WO# 2309 ASSET 7183

Service Calls - Service Call Number and Description

1. CSS# 3" WATTS RP PASS
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tim McElhenny Date: 2/23/18

Signed: Tim 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: TIMOTHY S PETERS Date: 23 FEB 2018

Signed: Timothy S. Peters

E-Mail: timothy.s.peters3.ctr@mail.mil

BACKFLOW PREVENTER TEST

Laptops

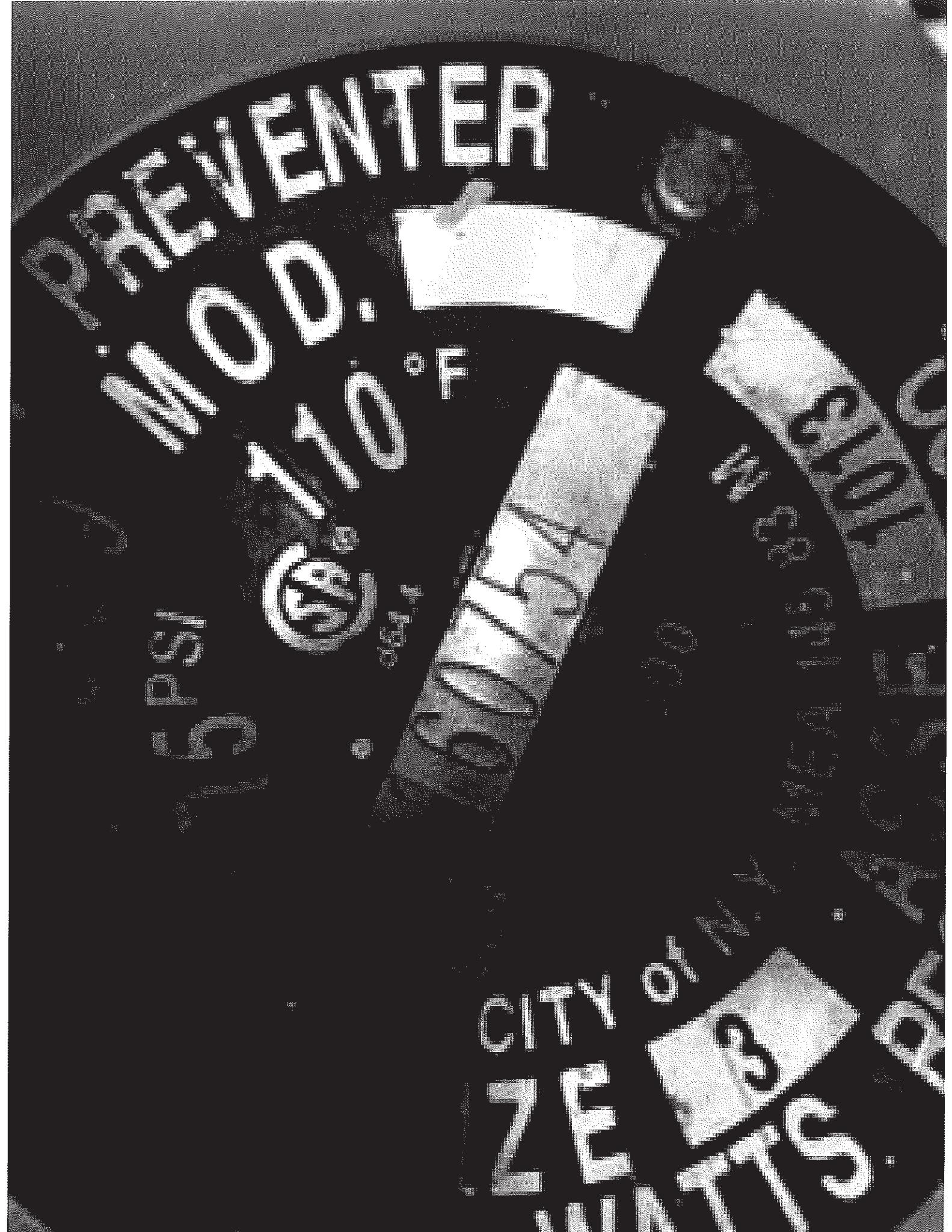
209

16075

5

DATE	IN CHECK	IN CHECK	RELEASER	RELEASER
2016-07-17	2.4	2.4	2.2	YES





center

A 2x2 grid of four grayscale images showing a 3D perspective view of a scene. The top-left image shows a central rectangular object with a smaller square cutout in the center. The top-right image shows a similar scene with a larger, more complex structure in the background. The bottom-left image shows a similar scene with a different perspective. The bottom-right image shows a similar scene with a different perspective.

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CERTIFICATION OF WORK

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

FACID/Building: PA166-01 Date of Visit: 2/23/18

Contractor Personnel on Site:

1. Jim McEllhenny 2. _____

Work Performed:

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

1. WO# 2309 ASSET 7150

Service Calls – Service Call Number and Description

1. CSS# 3/4 WATTS NC FIRE FAIL #3 Testcock Leaks
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McEllhenny Date: 2/23/18

Signed: Jim McEllhenny

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: Timothy S. Peters Date: 23 FEB 2018

Signed: Timothy S. Peters

E-Mail: timothy.s.peters3.ctr@mail.mil

BACKFLOW PREVENTER TEST

WATT 3

2000.6

CHL

13.922

CHL

5.7

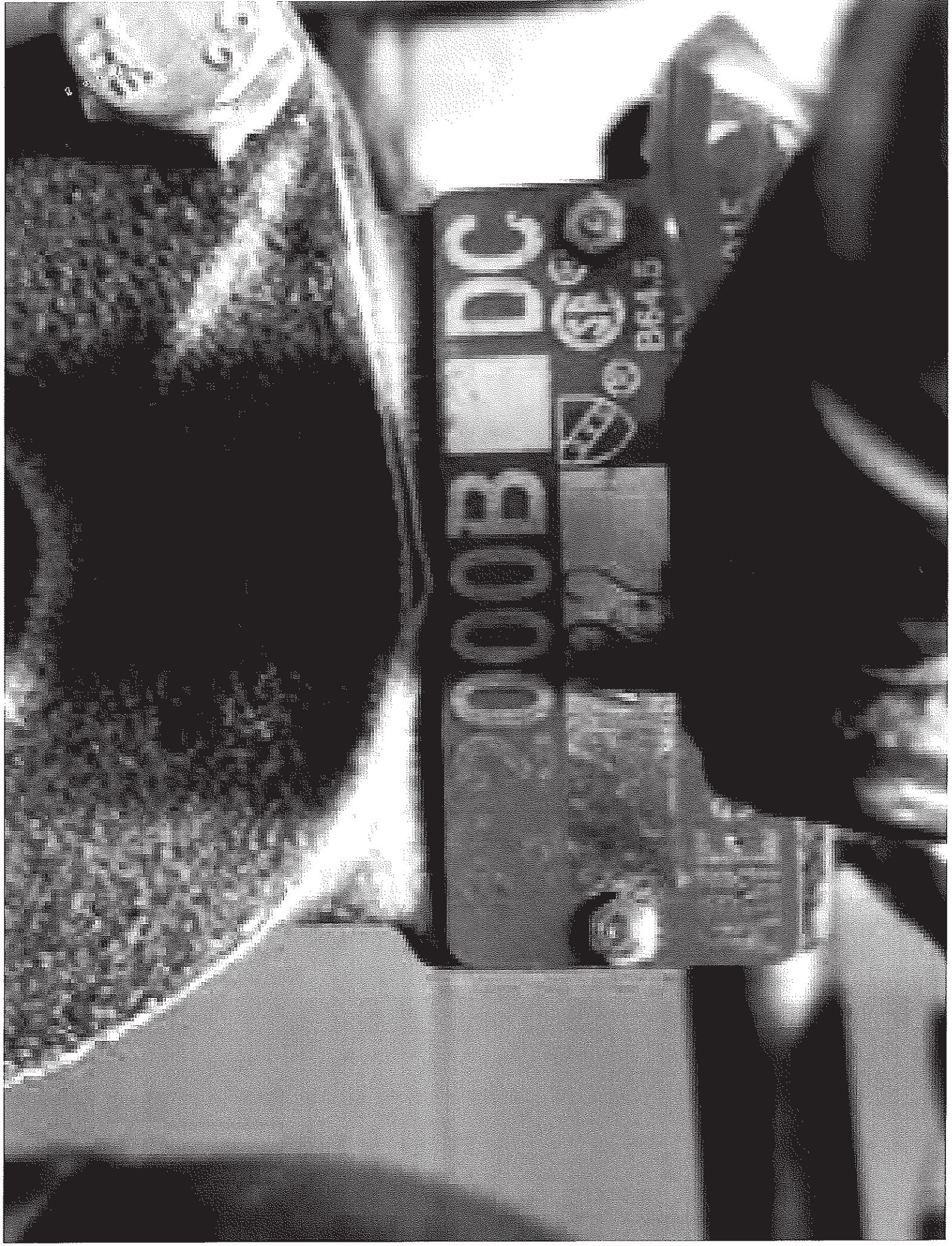
CHL

DATE

2008/07/22 Tech3 14:53

FAIL





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

FACID/Building: PA166-a1 Date of Visit: 2/23/18

Contractor Personnel on Site:

1. Jim McElhinny 2. _____

Work Performed:

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

1. WO# 2386 ASSET 7151

Service Calls - Service Call Number and Description

1. CSS# 4" AMES DC FIRE FAIL #2 SHUT OFF LEAKS NEEDS
2. CSS# EXERCISED TO SEAT
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhinny Date: 2/23/18

Signed: Jim McElhinny

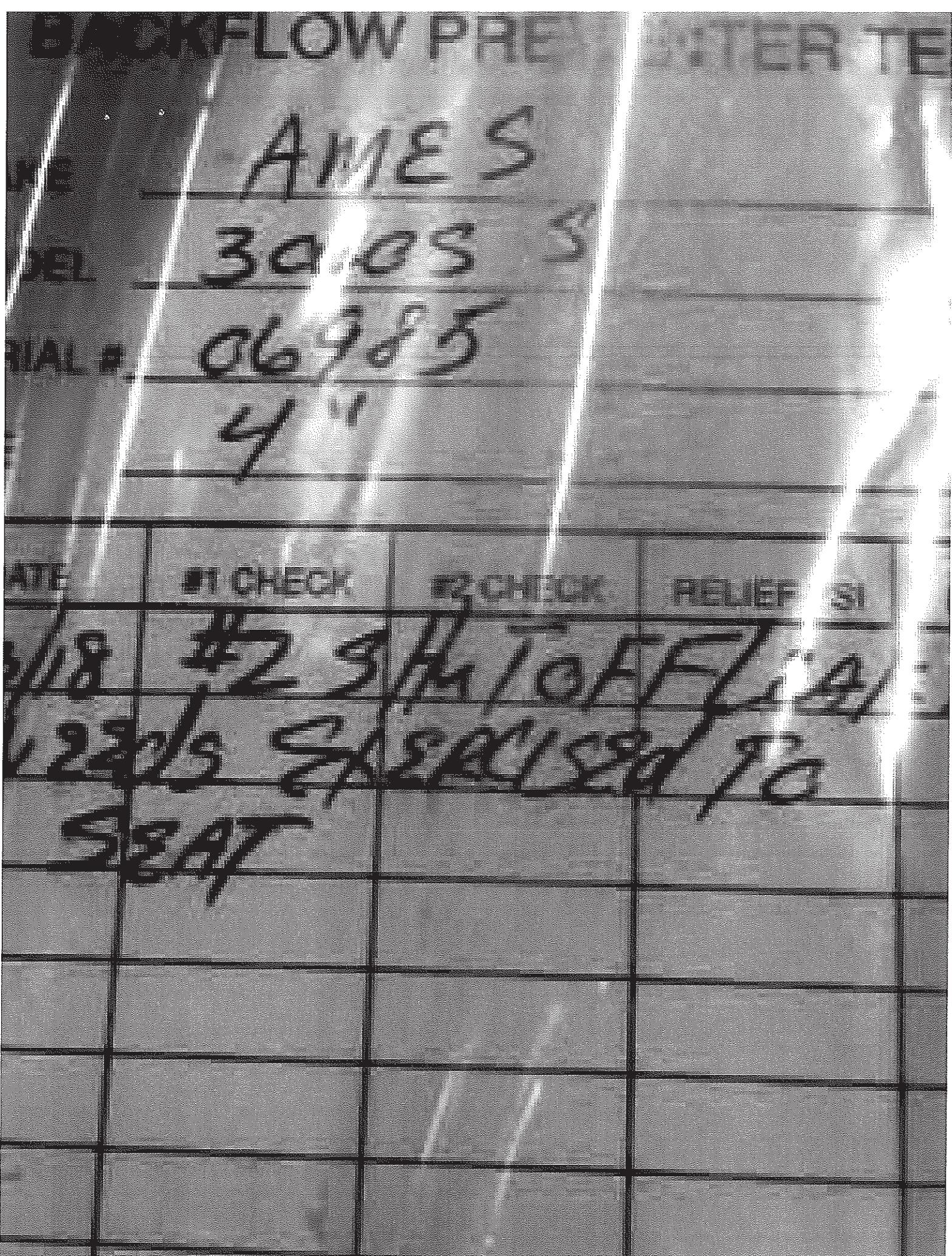
To be signed by Facility Manager:

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: TIMOTHY S. PETERS Date: 23 FEB 2018

Signed: Timothy S. Peters

E-Mail: timothy.s.peters3.ctr@mai.mi/



Fire Protection Water

