

MOTOR Pool

CERTIFICATION OF WORK

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

FACID/Building: 166-02

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# 1/2" WATTS RP-PASS

Service Calls - Service Call Number and Description

1. CSS# VALVE WAS REPLACED NEW SERIAL NUMBER,
2. CSS# NOT ON LIST
3. CSS# MODEL# LF009QT  
SERIAL# 22796

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Tim 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@mail.mil

# BACKFLUTTER/EVENTER TEST

THE 1975

RE 197

127792

172

Model	Code	Model	Code	Model	Code
34 2.6	22	34 2.6	22	34 2.6	22



