

AVIATION
Drive
Billie Trub
01-F198
Bldg 3

CERTIFICATION OF WORK

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

FACID/Building: PA193-01 Date of Visit: 2/24/18

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# 3" WILKINS RP - PASSED
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhinny Date: 2/26/18

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:

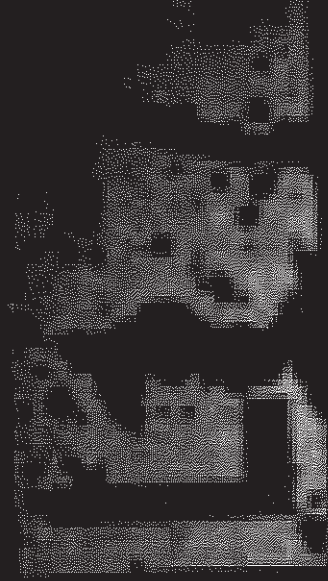
Print Name/Rank: AL MOLYNSKY Date: 2/26/18

Signed: ALM

E-Mail: _____

97

SER.
NO.



REDUCED PRESSURE BACKFLOW

INVERT: 140° F (60°C)
INVERT: 175 PSI (12 BAR)

PASO ROBLES CA, U.S.A.



6641

