

AVIATION

Billing
Office
Bldg 3

Drive

CERTIFICATION OF WORK

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

FACID/Building: PA193-01

Date of Visit: 2/26/18

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: Al Molynsky

E-Mail: _____

REDUCED PRESSURE GAUGES

1600 psi F.O.P.

1400 psi F.O.P.

1200 psi F.O.P.

1000 psi F.O.P.

800 psi F.O.P.

600 psi F.O.P.

400 psi F.O.P.



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