

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

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

FACID/Building: PA209 Date of Visit: 08/23/2019

Contractor Personnel on Site:

1. <u>Joseph Benz</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Work Performed:

Inspection, Testing, and Certification

1. <u>Backflow Testing (Qty 1)</u>
2. <u>WO 10335 Asset 7260</u>
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Benz Date: 08/23/2019

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Carla Barnes Date: 8/23/19

Signed: 

E-Mail: Carla.s.barnes.civ@mail.mil

MANUF. WILKINS MODEL 375
SERIAL # L49224 SIZE 3"
TEST DATE 8/23/19 TIME 4:20P
TESTER ASSISTANT LINE PSI 50
O2I 8.2 O2 2.0 VALVE OPEN 2.6