

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

FACID/Building: PA 051-7 Date of Visit: 2/26/18

Contractor Personnel on Site:

1. Tim McElhenny 2. _____

Work Performed:

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

1. WO# 2313 Asset 7159

Service Calls - Service Call Number and Description

1. CSS# 1"ConBRACo RP - Pass
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tim McElhenny Date: 2/26/18

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: Al Mowinski Date: 2/26/18

Signed: Al Mowinski

E-Mail: _____

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DATE	INTERVIEWER	LOCATION	RELIEF FEE	PAGED
7/14	9.2	29	24	YES



