

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

FACID/Building: PA051-01 Date of Visit: 2/27/18

Contractor Personnel on Site:

1. Jim McElhinny 2. \_\_\_\_\_

Work Performed:

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

1. WO# 2314 ASSET 7164

Service Calls - Service Call Number and Description

1. CSS# 114 ConBraco RP - PASS  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhinny Date: 2/27/18

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: CHARLES DOYNO, CWS Date: 2/27/18

Signed: CD

E-Mail: CHARLES.L.DOYNO.MJC@MAIL.MJC



# BACKFLOW PREVENTER

MAKE Conbraco

MODEL 50226A2

SERIAL # 04455

SIZE 1/4

DATE	#1 CHECK	#2 CHECK	RELIEF PSI
<u>8/14/07</u>	<u>8/14/07</u>	<u>8/14/07</u>	<u>2.8</u>

*PASSED*