

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# _____

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: Charles Doyno

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



BACKFLOW PREVENTER

CONTRACO



40 ZG 12



Q 4455





14



CHECK

2 CHECK

RELIEF



PASSED