

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 McElhenny 2. \_\_\_\_\_

Work Performed:

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

1. WO# 2314 ASSET 7162

Service Calls - Service Call Number and Description

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

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CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Jim 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: CHARLES C. DOYNO CONS Date: 2/27/18

Signed: CC Doy

E-Mail: CHARLES.C.DOYN0.MJC@MJC.MJC



# BACKFLOW PREVENTER

*Cal-Braco*

MAKE

MODEL

SERIAL #

SIZE

1022642

779155

1 1/2

DATE	#1 CHECK	#2 CHECK	RELIEF PSI
25/7/8	4	4	212

PASS