

PA051-09

### CERTIFICATION OF WORK

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

FACID/Building: 471 Tower Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Jim McElhenny

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

#### Work Performed:

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

1. WO# 2379 7256

#### Service Calls - Service Call Number and Description

1. CSS# 34 Tested 20" WATTS RP - PASSED - Boiler Feed

2. CSS# \_\_\_\_\_

3. CSS# \_\_\_\_\_

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### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhenny Date: 2/21/18

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: Al Noyes Date: 2/21/18

Signed: Al Noyes

E-Mail: \_\_\_\_\_

# BACKFLOW PREVENTER TEST

WATTS

989

46350

3/4

775 87 18 3.6 72

