

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# TESTED <sup>3/4"</sup> WATTS RP - PASSED - Boiler Feed  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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 Mayberry Date: 2/21/18

Signed: Al Mayberry

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



