

CERTIFICATION OF WORK

PA051-03 (To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PUMP HOUSE Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Jim McElhony 2. \_\_\_\_\_

Work Performed:

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

1. WO# 2381 ASSET 7261

Service Calls - Service Call Number and Description

1. CSS# Tested 6" CONBRACO RP- FAILED #2 SHUT OFF LEAKS  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Jim McElhony

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 L. DOWD / CWS Date: 21 FEB 2018

Signed: Charles L. Dowd

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











BRACCO IND INC

RPT BACKFLOW

MODEL NO

SERIAL NO

SIZE

