

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

FACID/Building: PA166-03 Date of Visit: 2/23/18

Contractor Personnel on Site:

1. Jim McElhenny 2. _____

Work Performed:

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

1. WO# 2388 ASSET 7155

Service Calls - Service Call Number and Description

1. CSS# 4 Ames DC Fire PASS
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhenny Date: 2/23/18

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: TIMOTHY S PETERS Date: 23 FEB 2018

Signed: Timothy S. Peters

E-Mail: timothy.s.peters3.ctr@mail.mil

BACKFLOW PREVENTER TEST

AMES

30033

3/8209/3

4

A high-contrast, black and white image of a digital display board. The board features a grid of 12 columns and 10 rows of small, square segments. In the top row, the first four columns contain the text '2018', the next four columns contain '17', and the last four columns contain 'YES'. The bottom 9 rows of the grid are completely blank.



