

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 McEllhenny 2. _____

Work Performed:

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

1. WO# 2388 Asset 7154

Service Calls – Service Call Number and Description

1. CSS# 3/4 WATTS -DC FIRE PASS
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Jim McEllhenny

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.peters.3.ctr@mail.mil

BACKFLOW PREVENTER TEST

WATER

2001

70265

324



