

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)
P4051-02
FACID/Building: 292 Date of Visit: 2/20/18

Contractor Personnel on Site:

1. Jim McElhenny 2. _____

Work Performed:

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

1. WO# 2392 ASSET 7165

Service Calls – Service Call Number and Description

1. CSS# 1 1/2" Tested 20 Corrasco RP PASSED Fire Pump Block
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhenny Date: 2/20/18

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: Eric F. Ezykowsky Date: 20 Feb 2018

Signed: Eric F. Ezykowsky

E-Mail: eric.f.ezykowsky.mil@mail.mil

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