

# AVIATION Drive

## CERTIFICATION OF WORK

PA 171-01 (To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 284

Date of Visit: 2/20/18

Contractor Personnel on Site:

1. Jim McElhinny 2. \_\_\_\_\_

### Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) WO# 2407 ASSET 7191

1. WO# Tested Backflow Valves 183057TP

### Service Calls – Service Call Number and Description

1. CSS# Tested 2" RP - Passed
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Jim McElhinny

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: Benson S. WL-9 Date: 2/20/18

Signed: Benson S. WL-9

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

# KFLOW PREVENTER TEST

WATTS

100MM O.D.

151.54%

2

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

26

19

27

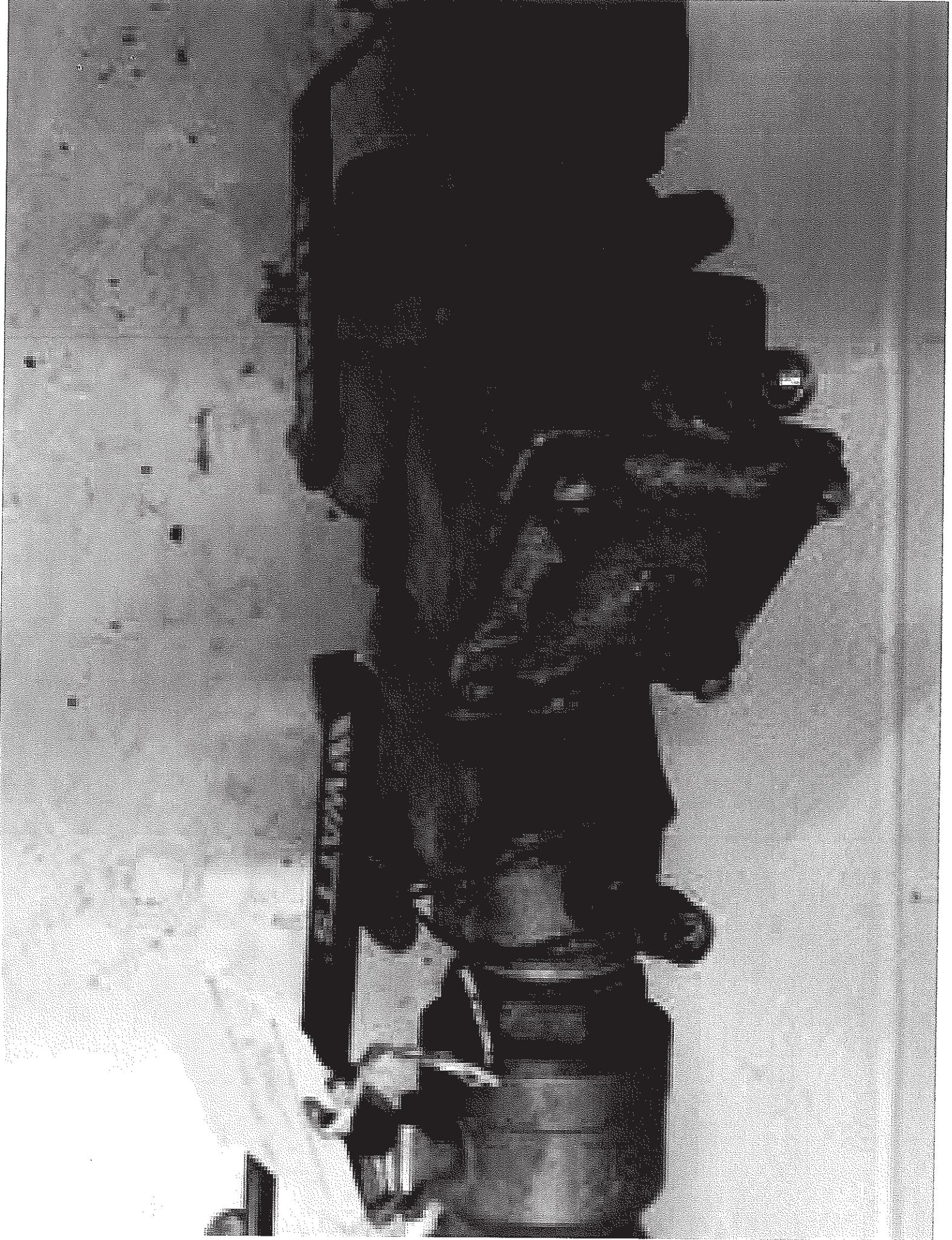
25

26

19

27

25







NOT ON LIST

PA051-09

PA051-10

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 McElwany

2. \_\_\_\_\_

Work Performed:

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

1. WO# 7779 ASSET 7256

Service Calls - Service Call Number and Description

1. CSS# Tested 2" WATTS RP- Failed #2 ck less than 1 psig
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

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To be signed by the Contractor:

Print Name: Jim McElwany

Date: 2/21/18

Signed: Jim McElwany

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 Molicino

Date: 2/21/18

Signed: Al Molicino

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