

AVIATION Drive

CERTIFICATION OF WORK

PA051-19401 (To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 200 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.)

1. WO# 2418 ASSET 7208

Service Calls - Service Call Number and Description

1. CSS# TESTED 3" WILKINS 975 RP - FAILED
2. CSS# CF1 CF2 RV AIR LEAK
3. CSS# WP-80 DIRT SEALED TEST COCKS

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: Kyle Elliott / CPL Date: 01/20/20

Signed: Kyle Elliott

E-Mail: _____

BACKFLOW PREVENTER TEST

WATERFALLS

975

23537

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1	1 CHECK	2 CHECK	REVIEW-FG	PRESERVE
✓	✓	✓	✓	✓



