

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# CK1 CK2 RV ALL 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: 2/20/20

Signed:

Kyle Elliott

E-Mail:



# BACKFLOW PREVENTER TEST

NAME

WILKIN, N 3

MODEL

975

VAL #

23554

3

DATE

#1 CHECK

#2 CHECK

RELIEF PSI

PASSED

9/19/15

N







