PA051-19401

CERTIFICATION OF WORK

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

FACID/Building: 204 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 7220

Service Calls – Service Call Number and Description

1. CSS# Tested 2" Wilkins RP Passed
2. CSS# _____
3. CSS# _____

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: Sanchez Ivon E. / SGT Date: 20180220

Signed: _____

E-Mail: ivon.sanchez@usmc.mil

BACKFLOW PREVENTER TEST

MAKE: Wilkins 3

MODEL: 975XL

SERIAL #: 38760

SIZE: 2"

DATE	#1 CHECK	#2 CHECK	RELIEF	PSID
9/5/18	7.7	2.3	2.7	185