

PA051-19401

CERTIFICATION OF WORK

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

FACID/Building: 288

Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Jim McElhinny

2. _____

Work Performed:

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

SERIAL # 28584
(28554 on sheet)

1. WO# 2418 ASSET 7208

Service Calls – Service Call Number and Description

1. CSS# Tested 3" valves RP- Passed
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhinny Date: 2/21/18

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: CHARLES L. DOYNO /CWS Date: 21 FEB 2018

Signed: Q. Doyno

E-Mail: CHARLES.L.DOYNOMIL@MAIL.MIL

FLOW PREVENTER TEST

15/16

975

23574

304

