

CERTIFICATION OF WORK

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

FACID/Building: 1201 Hillside Ave Date of Visit: 11/15/19 & 12/8/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Jim Phillips</u> | 4. _____ |
| 2. <u>Sean Travis</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|--------------------------------|
| 1. <u>Lubrication of locks</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|---|
| 1. <u>Tested all locks we serviced.</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>2 service calls for lock work</u> |
| 2. _____ |
| 3. _____ |

Over and Above Repair Work -- Order Number and Description of Work Completed

Work order # - 6051, CCS # 18782
- Repaired crash bar & lever trim on
door 138, rekeyed 3 cores on doors
148, 102, 228. Provided 12 duplications
of Best Keys. Inspected & lubricated
locks on doors 145, 106 and
main door to 413th bullpen.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: James Phillips Date: 12/19/19

Signed: 

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: Michael Moseman Date: 1/06/2020

Signed: 

E-Mail: Michael.moseman.ctr@mail.mil