

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA051-227 Date of Visit: 5-25

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 3. _____ |
| 2. <u>Chad Perry</u> | 4. _____ |

Work Performed: replaced Domestic pump motor

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

- | |
|--|
| 1. <u>CSS# 15712 - Replaced pump motor &</u> |
| 2. <u>pump seal & gaskets</u> |
| 3. _____ |
| 4. _____ |
| 5. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 5-27-19

Signed: [Signature]

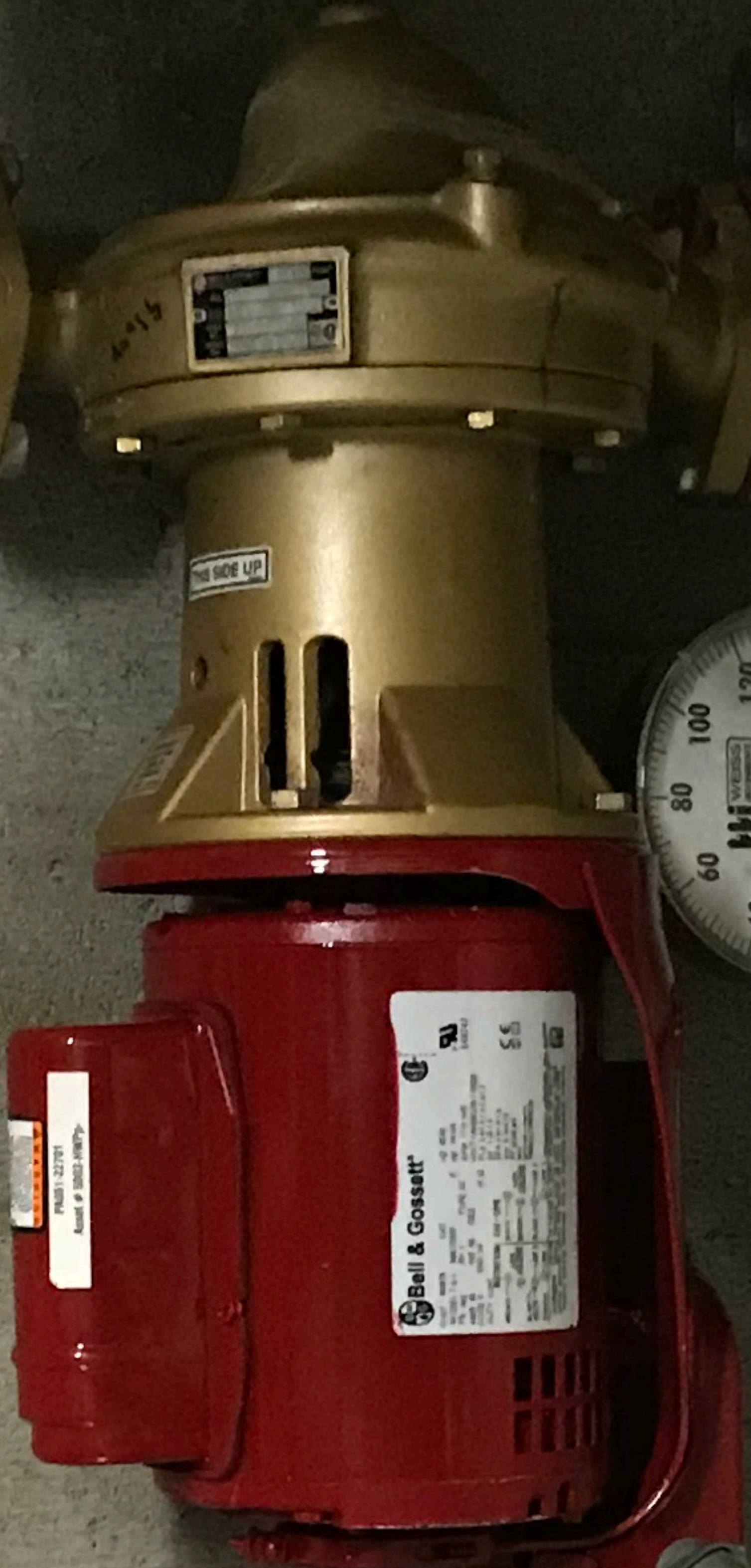
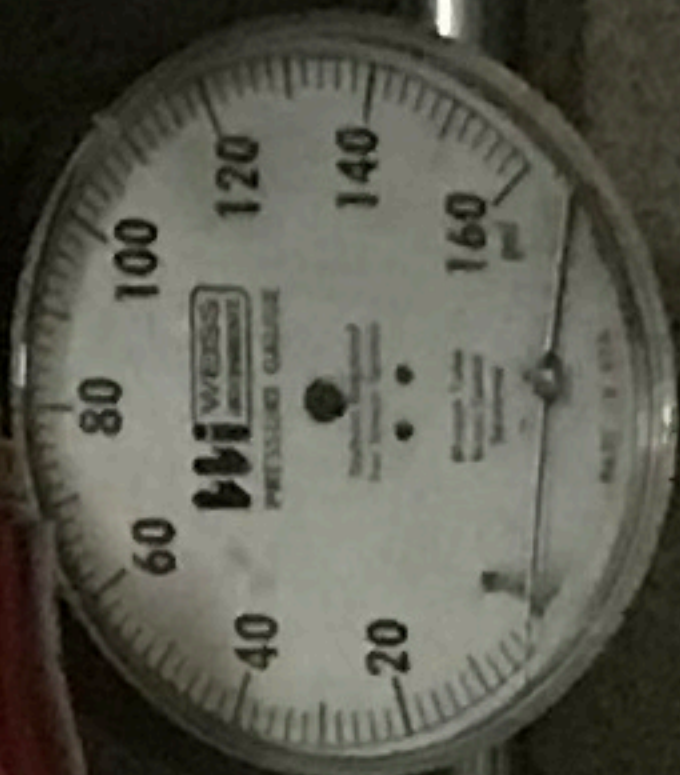
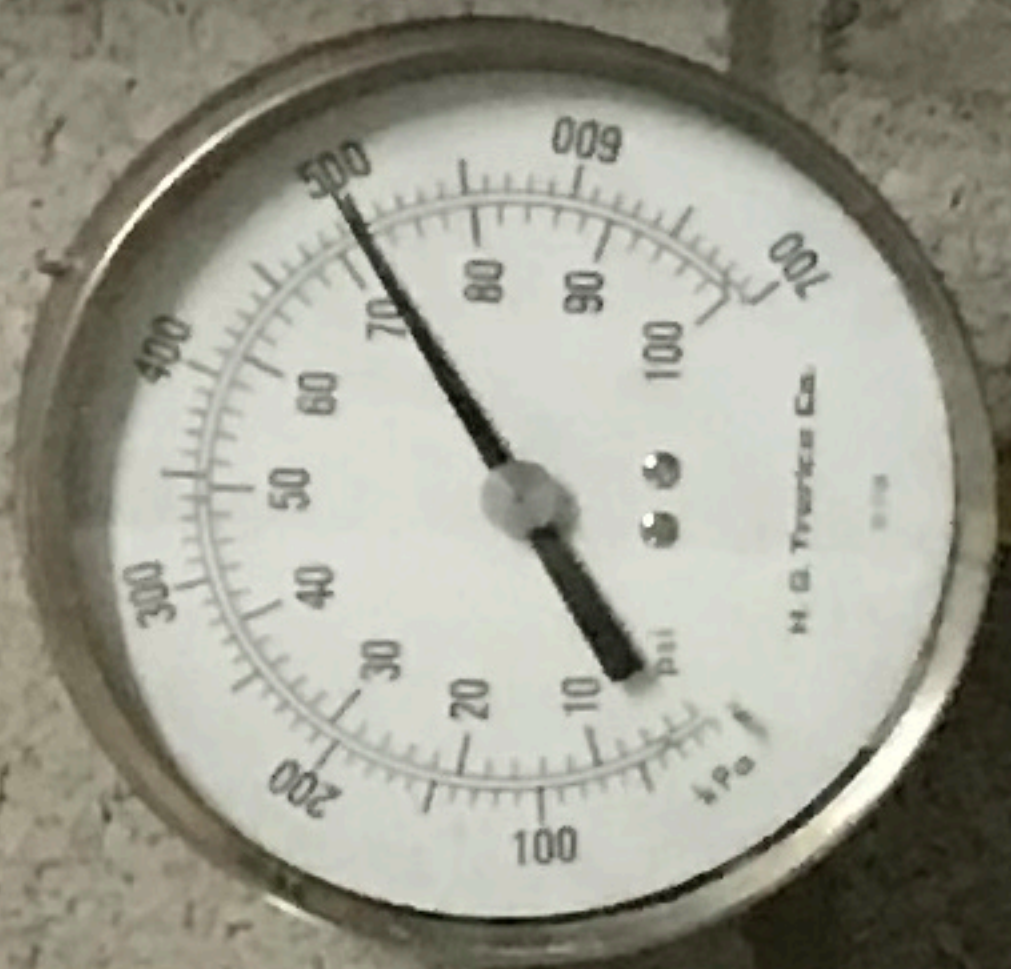
To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: AC [Signature] Date: 3/27/19

Signed: [Signature]

E-Mail: _____



DO NOT DISCARD
IMPORTANT
MAINTENANCE GUIDE
AFTER INSTALLATION, THE
OWNER'S MAINTENANCE
MANUAL MUST BE KEPT
WITH THE PUMP FOR
FUTURE REFERENCE.
DO NOT DISCARD
THIS MANUAL.

