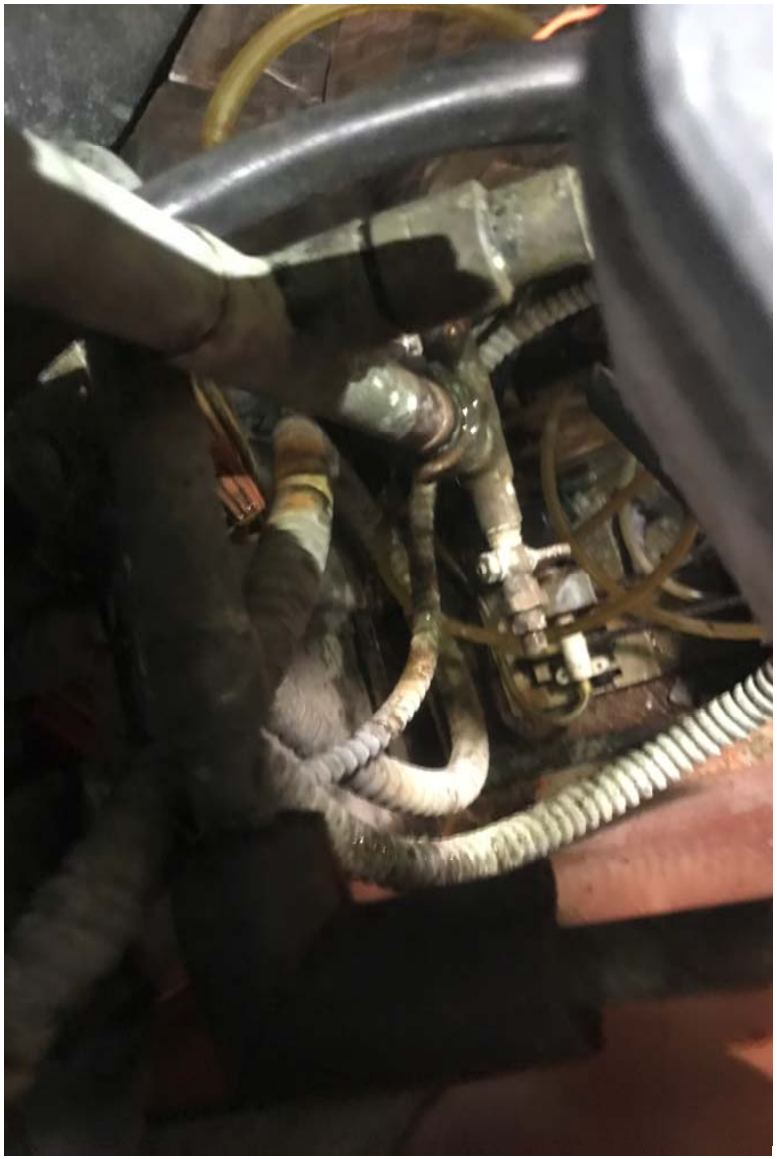

Coleman



CERTIFICATION OF WORK

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

FACID/Building: Washington Date of Visit: 1-7-19

Contractor Personnel on Site:

1. Ken Kraiel
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. 16957
2. _____
3. _____

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

16957 - found coil to be plugged with sediment and not flowing water

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: [illegible] Date: 1-7-19

Signed: [illegible]

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: Florian, Hannah L. GS-09 Date: 1/7/19

Signed: Hannah Florian

E-Mail: hannah.l.florian.civ@mail.mil