

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

FACID: Fuwell, PA USARC Date of Visit: Feb. 16 2025

Building: _____

CSS: _____

Contractor Personnel on Site:

1. Paul LoRusso

CMMS: _____

Service Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: Replaced hydraulic pump with new
3 tested for proper operation. 100%
at departure.

Repairs: _____

To be signed by the Contractor:

Print Name: Paul LoRusso Date: 2/16/25

Signed: PL

To be signed by Facility Manager:

~~Identify~~ the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the

Print Name/Rank: Scott Kawasaki Date: 04/25/2025

Signed: SK

E-Mail: