CERTIFICATION OF WORK

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

FACID/Building: PH013 Date of Visit: 12-12-18

Contractor Personnel on Site:

1. Kelly Ramey
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. condsentate pump 112
2. _____
3. _____

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

_____

_____

_____

_____

_____

_____

_____

_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ken Kwiatek Date: 12-12-18

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: CHARLES J. KLEIN (SOTS) Date: 12 Dec 18

Signed: _____

E-Mail: CHARLES.J.KLEIN.CIV@MAIL.MIL