

# 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. | <u>He Frame</u> | 4. | _____ |
| 2. | _____           | 5. | _____ |
| 3. | _____           | 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. | <u>condensate pump 112</u> |
| 2. | _____                      |
| 3. | _____                      |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

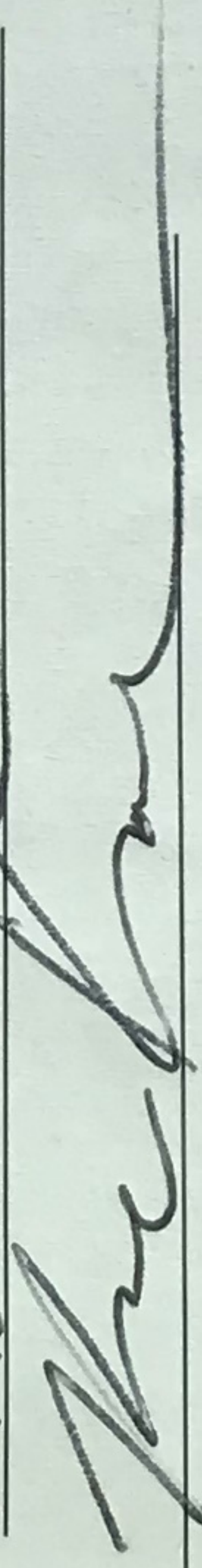
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\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Ken Keldge 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