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

Found Bad Pump coupling and cracked housing and Replaced

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ken Baisley Date: 12-27-18

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: Shane Fabian /AFOS Date: 12-27-18

Signed:

E-Mail: ~~Shane.fabian~~ shane.e.fabian.ctr@mail.mil

CERTIFICATION OF WORK

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

FACID/Building: PA096 Date of Visit: 12-27-18

Contractor Personnel on Site:

1. Ken Rowell
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. 16636 WO# 7087
2. _____
3. _____