

CERTIFICATION OF WORK

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

FACID/Building: NEW KEN PAOG7 Date of Visit: 12/27/18

Contractor Personnel on Site:

- | | |
|----------------------------|----------|
| 1. <u>JOSH WASIELEWSKI</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

- | | |
|--|-------|
| 1. <u>CSS 15069 - PTACS IN ROOM 109 & 110 LEAKING, CHECK</u> | _____ |
| 2. <u>CONDENSATE PANS AND LINES FOR OBSTRUCTION.</u> | _____ |
| 3. _____ | _____ |

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

CLEARED DRAINS ON BOTH PTAC UNITS. CLEAN PAN
AND SLEEVE TO PREVENT A BLOCKAGE OF CONDENSATE.
POURED WATER INTO PAN TO VERIFY PROPER
DRAINAGE.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOSH WASIELEWSKI Date: 12/27/18

Signed: Josh Wasielewski

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: DOUGLAS FULTON Date: 27 DEC 2018

Signed: D. R. Fulton

E-Mail: DOUGLAS.R.FULTON.CIV@MAIL.MIL