

CERTIFICATION OF WORK

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

FACID/Building: PA 086-01

Date of Visit: 10/11/18

Contractor Personnel on Site:

1. Tony Lazars
2. Jim Gertgers
3. Scott Worley

4. _____
5. _____
6. _____

Work Performed:

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

1. ISS 5950 CSSH 15916 ACTION Sensor in Vault
2. Defective, keep setting off alarm in Vault Zone 5
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lazars

Date: 10/11/18

Signed: _____

To be signed by Facility Manager:

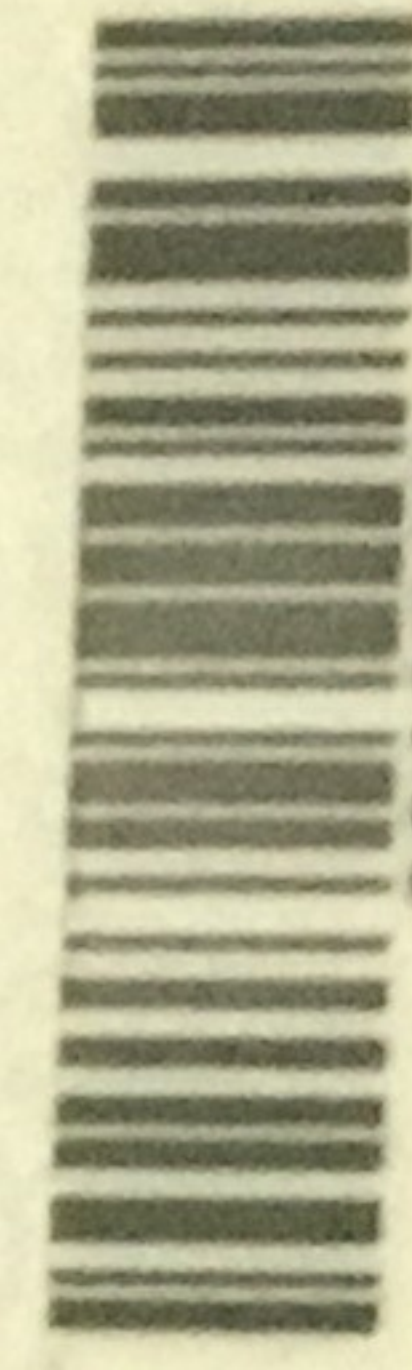
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Florian, Hannah GS-9

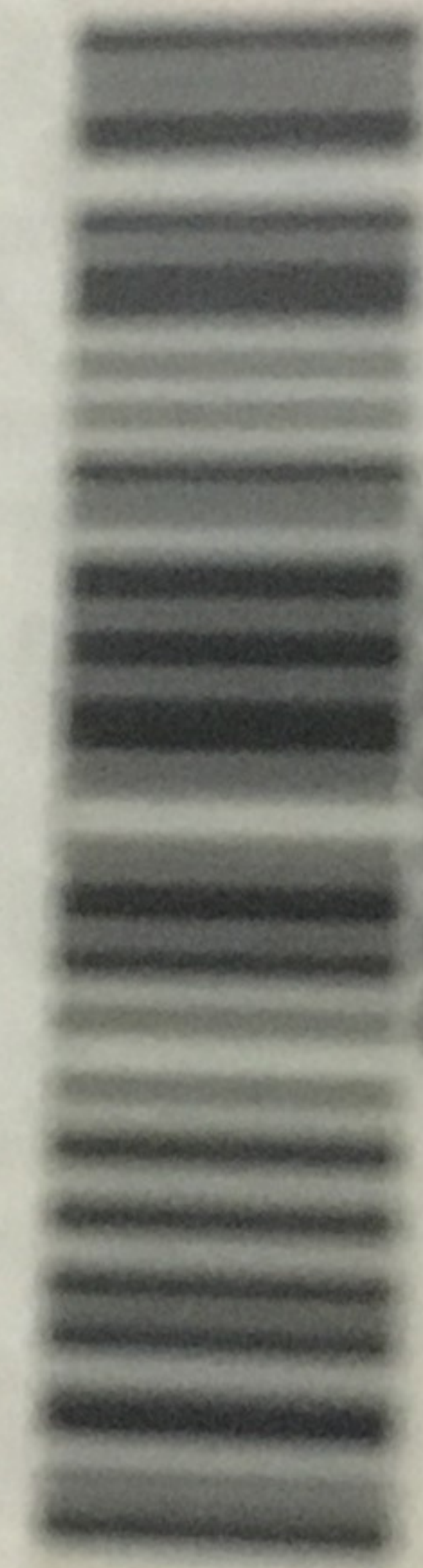
Date: 10/11/18

Signed: _____

E-Mail: _____



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DETECTION
SYSTEMS