

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

FACID/Building: MD006 Date of Visit: 10-9-18

Contractor Personnel on Site:

1. Dominic Stango 2. _____

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

WO# 5935

1. CSS# 15805 condensate pump replacement
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 10-9-18

Signed: Dominic N Stango

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: Raynaldo Duffy / SSG (P) Date: 9 OCT 18

Signed: Raynaldo Duffy

E-Mail: raynaldo.c.duffy.mil@mail.mil



