

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

FACID/Building: 630TH

Date of Visit: 12-13-18

Contractor Personnel on Site:

1. DAN SOTAK

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. START UP ON WATER HTR

2. _____

3. _____

4. _____

Service Calls – Service Call Number and Description

1. _____

2. _____

ABNORMAL GAS PRESSURE INTO BLDG.
GAS CO. IS GOOD ON THEIR SIDE
REGULATOR/METER AT BLDG SUSPECT
ADJUSTED SAID REGULATOR + HAD IMPROVEMENT
BUT STILL NOT NORMAL GAS PRESSURE.
FOLLOW UP NEEDED

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAN SOTAK Date: 12-13-18

Signed: Dan Sotak

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 L / GS09 Date: 20181213

Signed: Hannah Florian

E-Mail: hannah.l.florian.civ@mail.mil



SYLVANIA
SUPERSAVER
Fluorescent

A.O. Smith

RELIEF VALVE

raMex

