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

FACID/Building: PA096 Date of Visit: 2-5-19

Contractor Personnel on Site:

1. Darren Young 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 16682 Assembly Hall
2. CSS# 15129 Ice machine
3. CSS# 17181 Exhaust Fan Gas Problem
4. CSS# 16958

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Darren Young Darren Young Date: 2-5-19

Signed: Darren Young

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: Hannah L. Florian GS-09 Date: 20190205

Signed: Hannah L Florian

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


COOK
TAG:
MODEL: 135 ACE 135ACE B
SERIAL: 323S758302-00/0001601
MOTOR INFORMATION
FAN INFORMATION
HP:
ENCL:
VOLTS:
PH: HZ:
RPM:
DESIGN CFM:
DESIGN SP:
FAN RPM:
MAX RPM: 1574
DATE: SEP 2003
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SPRINGFIELD, MO
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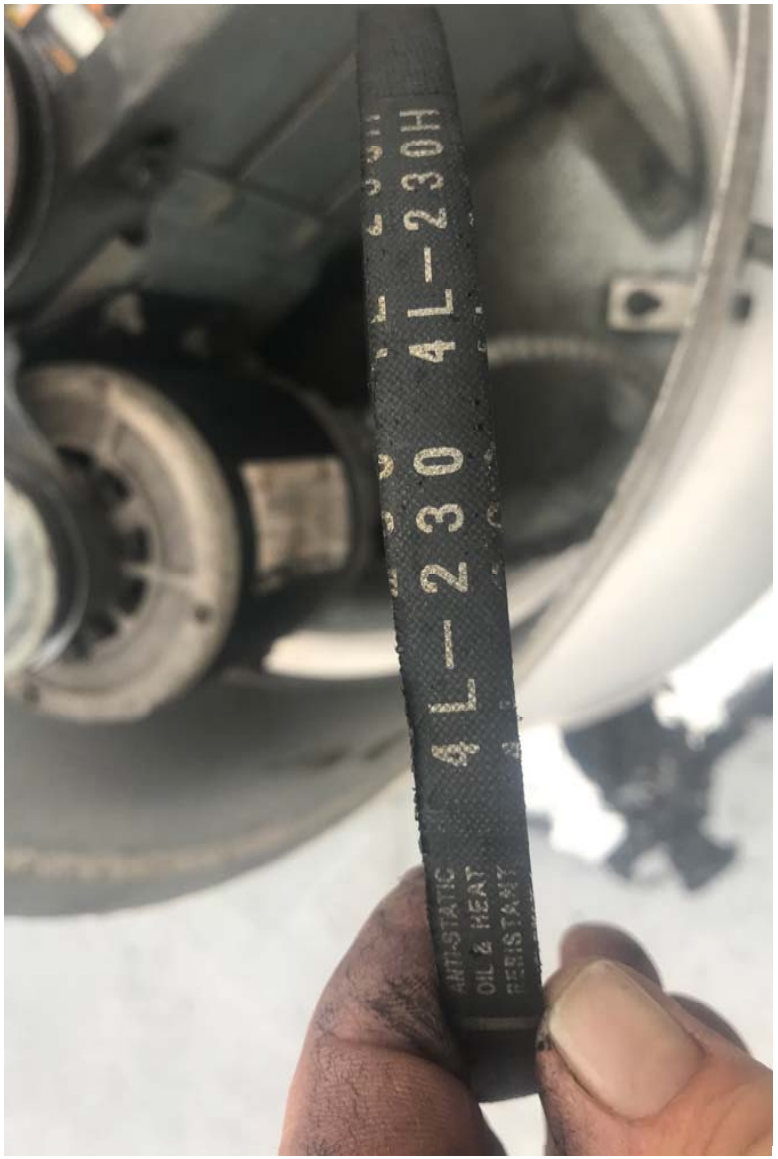
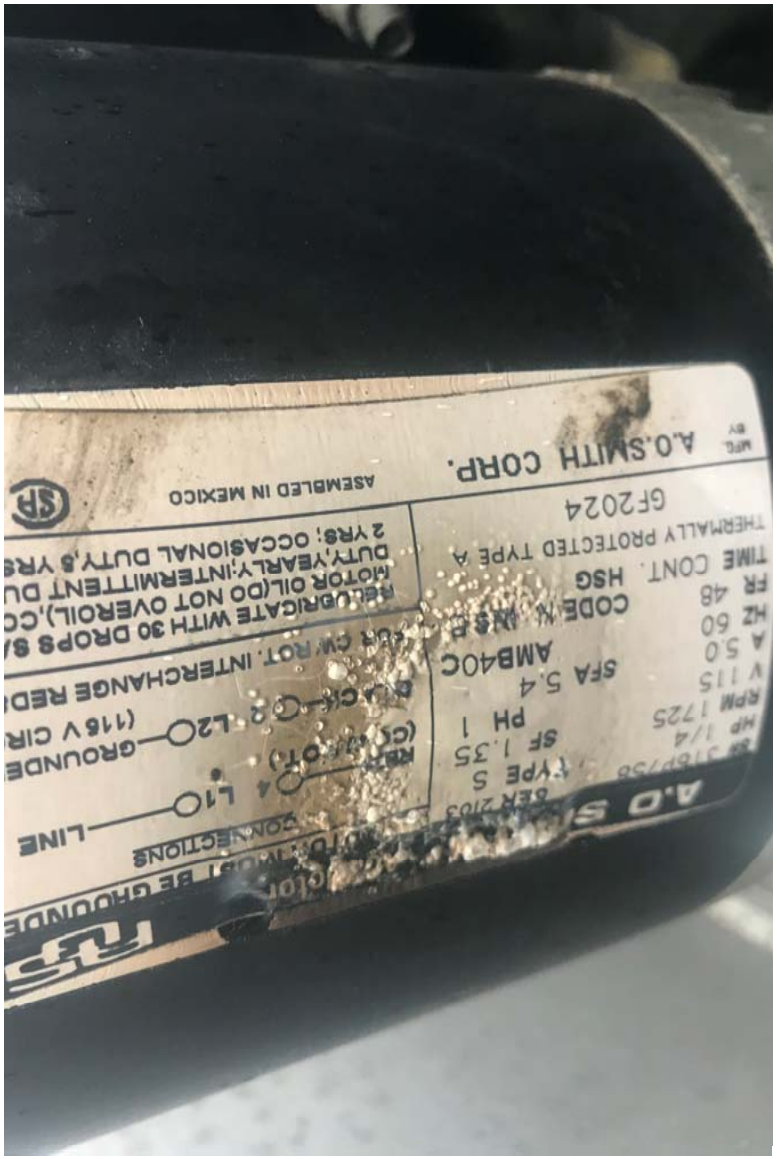
ISO 9001
COMPANY


4L-230 4L-230H
ANTI-STATIC
OIL & HEAT
RESISTANT


A.O.SMITH CORP.
ASSEMBLED IN MEXICO
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THERMALLY PROTECTED TYPE A
CONT. HSG
AMB40C
SFA 5.4
TYPE S
SF 1.35
PH 1
RPM 1725
HP 1/4
V 115
A 5.0
HZ 60
FR 48
TIME