

CERTIFICATION OF WORK

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

FACID/Building: PA 017 Date of Visit: 1-22-19

Contractor Personnel on Site:

1. Peter Boyum 2. _____

Work Performed:

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

1. WO# 7457

Service Calls - Service Call Number and Description

1. CSS# 17135
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Peter Boyum Date: 1-22-19

Signed: Peter Boyum

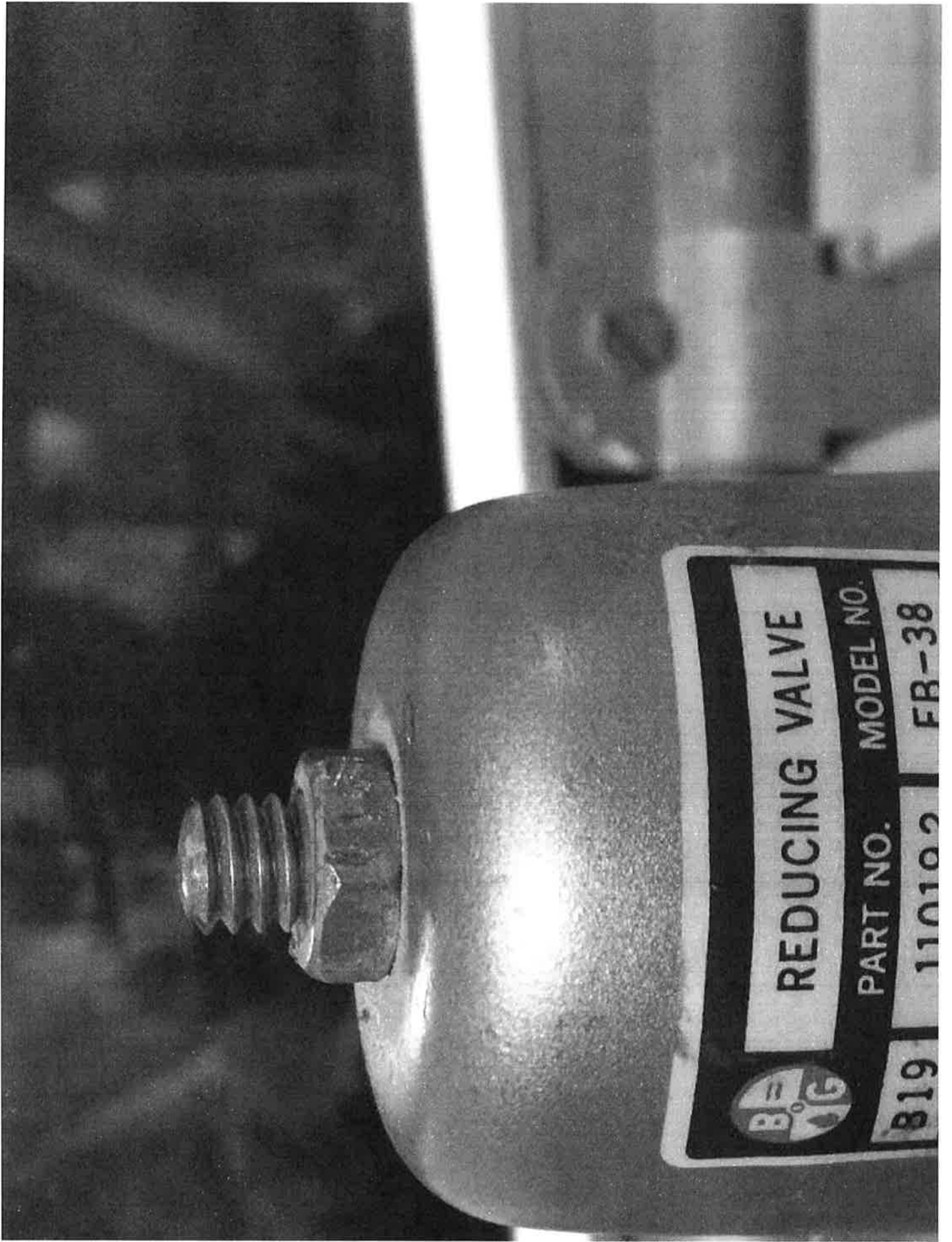
To be signed by Facility Manager:

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: London, Leslie Date: 1/22/19

Signed: [Signature]

E-Mail: to: leslie.a.london.cw@mail.mil





PART NO.

LUBRICATE IMMEDIATELY
USE SAE #20 OR IOW-30 PREMIUM GRADE
OIL. FILL THRU FLIP CAP IN TOP OF BEARING
FRAME UNTIL OIL IS INDICATED AT OVER-
FLOW HOLE ON SIDE OF FRAME. MAINTAIN
THIS OIL LEVEL.



ITT Industries

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