

CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: Pa051-227 Date of Visit: 7-24, 7/18, 6/12/19

Contractor Personnel on Site:

1. Dominic Stango
2. Shane
3. _____
4. _____

Work Performed:

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

1. WO# 9367, 9190, 9275, 9367
2. _____
3. _____
4. _____
5. _____

6/12/19 Lift broke down, had to Reschedule For
7/18/19, we received Lift It was leaking Hydraulic oil,
we had to return with another Lift on 7/24/19

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 7-24-19

Signed: [Signature]

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: AL MGLINSKI Date: 7/24/19

Signed: [Signature]

E-Mail: _____