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

FACID/Building: P4096 Date of Visit: 1-10-18

Contractor Personnel on Site:

1. Ken Kaiser 2. _____

Work Performed:

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

1. WO# CSS 1087 - WO 7150

Service Calls – Service Call Number and Description

1. CSS# Price for cracked Heat Exchangers
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ken Kaiser Date: 1-10-19

Signed: Ken Kaiser

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: Shane Fabian / AFOS Date: 1-10-19

Signed: Shane Fabian

E-Mail: shane.e.fabian.ctr@mail.mil


REZNOR