

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

FACID/Building: DE 02 Date of Visit: 10/19/2020

Contractor Personnel on Site:

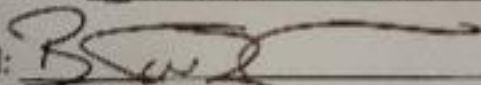
- | | |
|-----------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>Air hoses need Replacers and Rehung</u> |
| 2. _____ |
| 3. _____ |

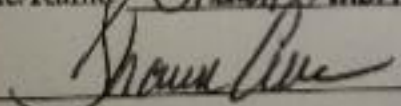
WO# 12746 CS# 25823
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS Date: 10/19/2020
Signed: 

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: Shawn Allen Date: 10/19/2020
Signed: 

E-Mail: Shawn.T.Allen2.mil@mil.mil



COOLANT
LUBRICANT
PRESERVATIVE
DANGER
DO NOT
USE IN
FLAMMABLE
ENVIRONMENTS
NET WT. 1.05 LBS (0.48 KG)

SHARPE
MANIFOLD
GAGE
150 PSI
100 PSI
50 PSI
25 PSI
12.5 PSI
6.25 PSI
3.125 PSI
1.56 PSI
0.78 PSI
0.39 PSI
0.19 PSI
0.09 PSI
0.04 PSI
0.02 PSI
0.01 PSI



