

CERTIFICATION OF WORK

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

FACID/Building: montieth VA Date of Visit: 6-22-22

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Keith Pearson</u> | 4. _____ |
| 2. <u>Austin Corman</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|----------------------|-------|
| 1. <u>CSS - 660</u> | _____ |
| 2. <u>WO - 17782</u> | _____ |
| 3. <u>EST - 2024</u> | _____ |


Replaced Hydraulic Lines & Fluid Now

CERTIFICATION OF WORK

Normal

To be signed by the Contractor:

Print Name: Keith Pearson Date: 6-22-22

Signed: 

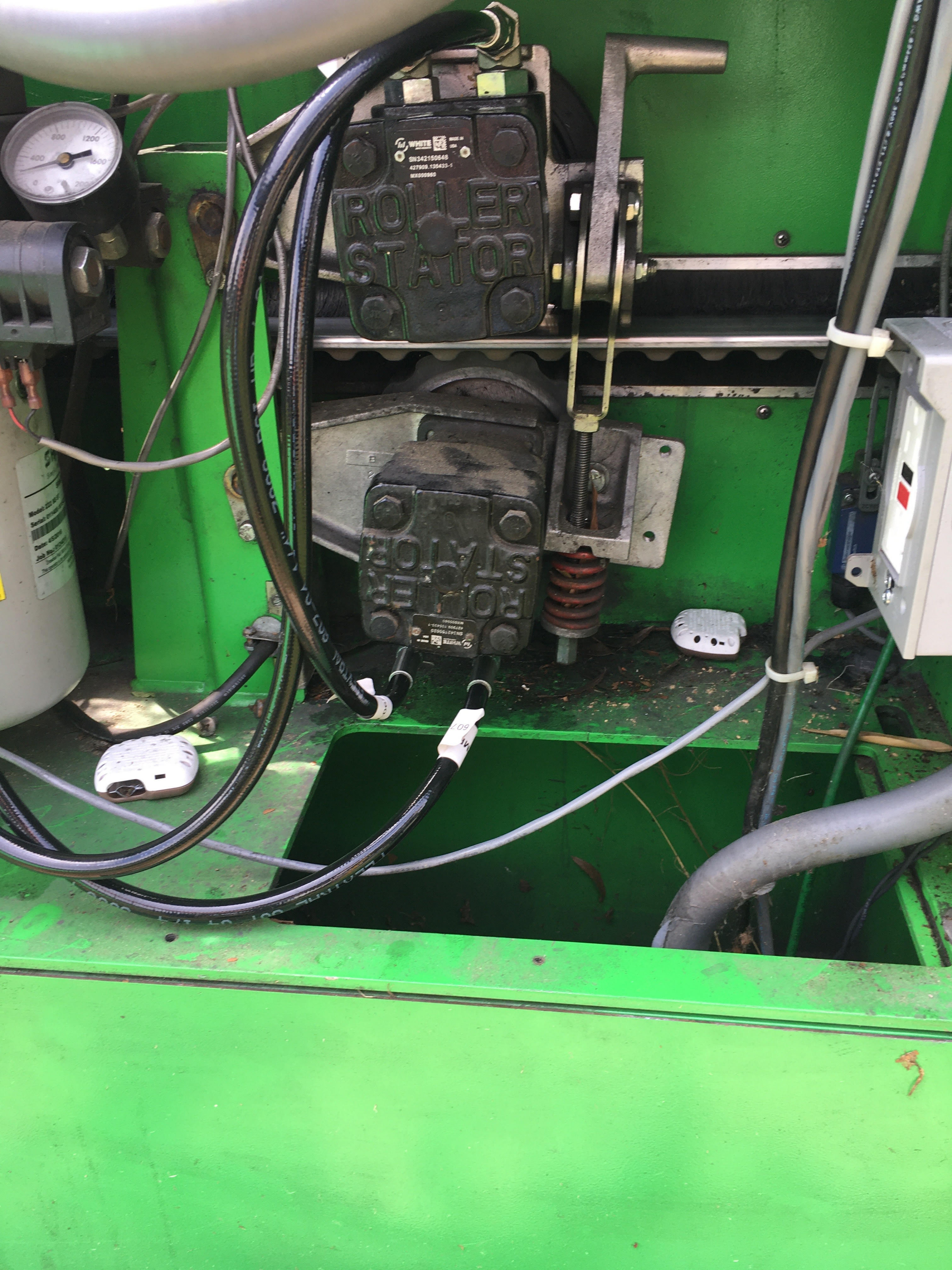
To be signed by Facility Manager:

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: _____ Date: _____

Signed: NO ONE Available

E-Mail: _____







LABEL ON MOTOR
R INSTALLING HOYER
S.A.

2.0



WHITE
SN042150648
427808.138433-1
MX000060

ROLLER
STATOR

ROLLER
STATOR

WHITE
SN042150648
427808.138433-1
MX000060

IMPORTANT!
MOTOR MUST
CONNECT TO LEFT
NO GATE FOR
RIGHT H

NOT E
SECURITY
Fluid
P/N: M
ation
s manual.



607