

CERTIFICATION OF WORK

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

FACID/Building: PA051/19401 Date of Visit: 2-15-19

Contractor Personnel on Site:

1. 2. Wilkins Suckow and 14 p-1000

Work Performed: Tested 3" Wilkins Suckow and 14 p-1000

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

1. WO# Asset # 7208 1# 975 5# 828554

Service Calls - Service Call Number and Description

1. CSS# _____

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Boyer Horstnovich Date: 2-15-19

Signed: Boyer

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: Al Kharaz Date: 2/15/19

Signed: Al Kharaz

E-Mail: _____



