FORMS

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

FACID/Building: NY001 Date of Visit: 12-13-2018

Contractor Personnel on Site:

1. DAVE RUPPEL
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

DP ~~1. 2 Rooftop Units, Asset #s 9006 & 9082; WO#s 1335 & 1336~~
2. 2 Sump Pumps; Asset #s 9067 & 9068; WO#s 1436 & 1437
3. B Unit Heater: Asset #9005 (three count) WO# 1565
4. 2 Kitchen Hoods; Asset #s 9069 & 9070; WO#s 1566 & 1567

~~**Inspection, Testing, and Certification**~~

Asset # 9076; WO# 1569
5. x. 2 Double Gate, Manual Swinging; Asset # 9075, WO# 1568
6. x. 1 Single Gate Manual Swinging; Asset # 9077, WO# 1570
DP ~~7. x. 2 Rooftop Units (RTU), Asset #s 9082, 9006; WO#s 1336 & 1335~~
x. _____

~~**Other Recurring Services**~~

NOTE
1. Line 1 and 7 do not exist but are exhaust fan assemblys
2. _____ only from
3. _____ above the
4. _____ Kitchen

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVID RUPPEL Date: 12-13-2018

Signed: David Ruppel

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: Michael Moseman Date: 12/13/18

Signed:

E-Mail: Michael.Moseman.ctr@mail.mil