

CERTIFICATION OF WORK

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

FACID/Building: 12

Date of Visit:

2/28/20

Contractor Personnel on Site:

1. Jumps Johnson

Pascal

2. Lamont Scott

Pascal Cazales, Jon Sornmo

Work Performed:

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

Service Orders -

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jon Sommo Date: 2-28-20

Signed: 

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: Lt. Col. C. C. B. AFSS Date: 2/28/20

Signed: L. C. C. B.

E-Mail: Lt. Col. C. C. B. AFSS@usaf.mil







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