

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

FACID/Building: NY023

Date of Visit: 16 JULY

Contractor Personnel on Site:

1. Jeff Smith

2. Paul Green

Work Performed:

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

CS5 # 21585 with 9322

Asset #	Qty	Asset Description
		<u>Removed defective 10 HP Pump # 1</u>
		<u>REPAVED Pump #1 with customers spare pump</u>
		<u>Replace 5 flints</u>
		<u>Re-build defective pump</u>
		<u>Reunited Re-Build Pump to Customer 7/1/20</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeff Smith Date: 7/1/20
Signed: Am

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:

Louis Corbo

Date: 7/21/20

Signed:

Louis Corbo

E-Mail:

Louis.A.Corbo-CTR@mail.mil











