

CERTIFICATION OF WORK

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

FACID/Building: NY 23 BLDG 123 Date of Visit: 1/13/14

Contractor Personnel on Site:

1. Phil 2. Steve

Work Performed: DEFECTIVE VALVES ON TRAC HEAT/AC SYSTEM

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

Service Orders -

CL 28316 WO 11498

Asset #	Qty	Asset Description
		<u>DRIVER SYSTEM</u>
		<u>REPLACE PRESSURE REDUCING VALVE</u>
		<u>REPLACE 200 SHUT OFF VALVE</u>
		<u>REPAIR SYSTEM</u>
		<u>AC WRAP INSULATION</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tom W. Miller Date: 1/13/14

Signed: [Signature]

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: 13 JAN 21

Signed: [Signature]

E-Mail: LOUIS.A.CORBO-CTR@MAIL.MIL

