

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

Date of Visit: 7/21-7/23

1. ANNA / NUTTE / ATLAS 2. Tabelle

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - *CS 2552 WD 8700*

Asset #	Qty	Asset Description
		REMOVE CEILING TILE
		REMOVE FURNITURE / SETUP FOR WAREHOUSE
		DRAIN SYSTEM
		REMOVE AND REPLACE 12 FT OF
		STEEL PIPE (WELD)
		REINSULATE PIPE
		CHECK FOR LEAKS
		REFILL SYSTEM
		REPAIR CEILING
		REPLACE FURNITURE

To be signed by the Contractor:

Date: 7/30

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: 30 JUL 2020
Signed: [Signature]
E-Mail: LOUIS.A-CORBO-CTR@MAIL.MIL

