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

FACID/Building: NY054 Date of Visit: 11-28-18

Contractor Personnel on Site:

1. David Ruppel
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

(1) #10092 ICE MAKER (4x/yr)
(2) #10093 REFRIGERATOR, 2-SECTION - Reach-in (4x/yr)
(3) #10128, #10129, #10130, #10137, #10141 & #10142 - All c
* Emergency Exit/dual light packs/combo units

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVID B. RUPPEL Date: 11-28-18

Signed: David B. 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: Ronald Vogt AFOS Date: 11-28-18

Signed: Ron Vogt

E-Mail: ronald.j.vogt2.ctr@mail.mil