FORMS

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

FACID/Building: NY054 Date of Visit: 12-17-2018

Contractor Personnel on Site:

1. DAVID RUPPEL
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

PM-SA-10126 1. Asset 10126 | WO 1474 (1474) Kitchen Hood (1) 2x/YR
PM-QT-10139 2. Asset 10139 | WO 1425 Vehicle Exhaust Removal (1) 4x/YR
PM-SA-10082 3. Asset 10082 | WO 1472 Suspended Hot Water Unit Heaters (7) 2x/YR
PM-SA-10083 4. Asset 10083 | WO 1473 Suspended Electric Unit Heaters (4) 2x/YR.

~~**Inspection, Testing, and Certification**~~

NOTE: 1. Assets # 10136 and # 10140 are extra tags and are not
2. needed because they all are already included in Asset #s
3. # 10082 and # 10083 tables/tags (ie, we have too many...) - all
4. are either Hot Water or Electric Suspended Unit Heaters

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

NY054 DEC 2018 PM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVID B. RUPPEL Date: 12-17-2018

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: 12-17-18

Signed:

E-Mail: Ronald.J.Vogt2.ctr@mail.mil