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: 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: Ronald J Vogt

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

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.)

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

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. _____