

CERTIFICATION OF WORK

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

FACID/Building: NY058 Date of Visit: 8/20/2019

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

Asset #	Qty	Asset Description
		REPAIR LIEBERT SPLIT SYSTEMS IN T.E.R. - O.M.S & ELECT. EQUIP. RM. - T.C.
		Verification work was completed by Elite on 8/20/2019
		Photos attached .
		CSS 15161

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

To be signed by Facility Manager:

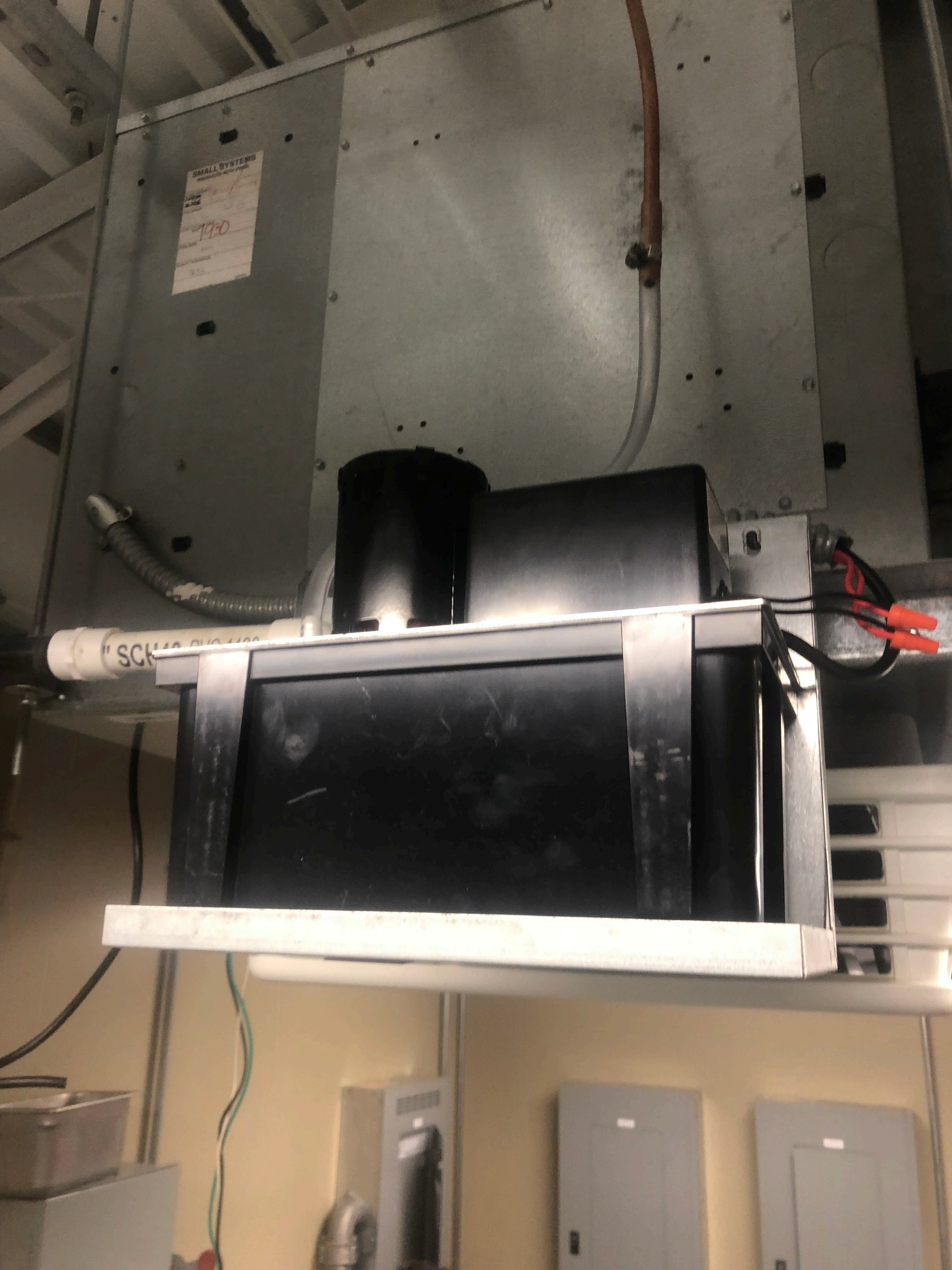
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Robert Bennett - AFOS Date: 2019/10/24

Signed: *R. Bennett*

E-Mail: robert.p.bennett30.ctr@mail.mil

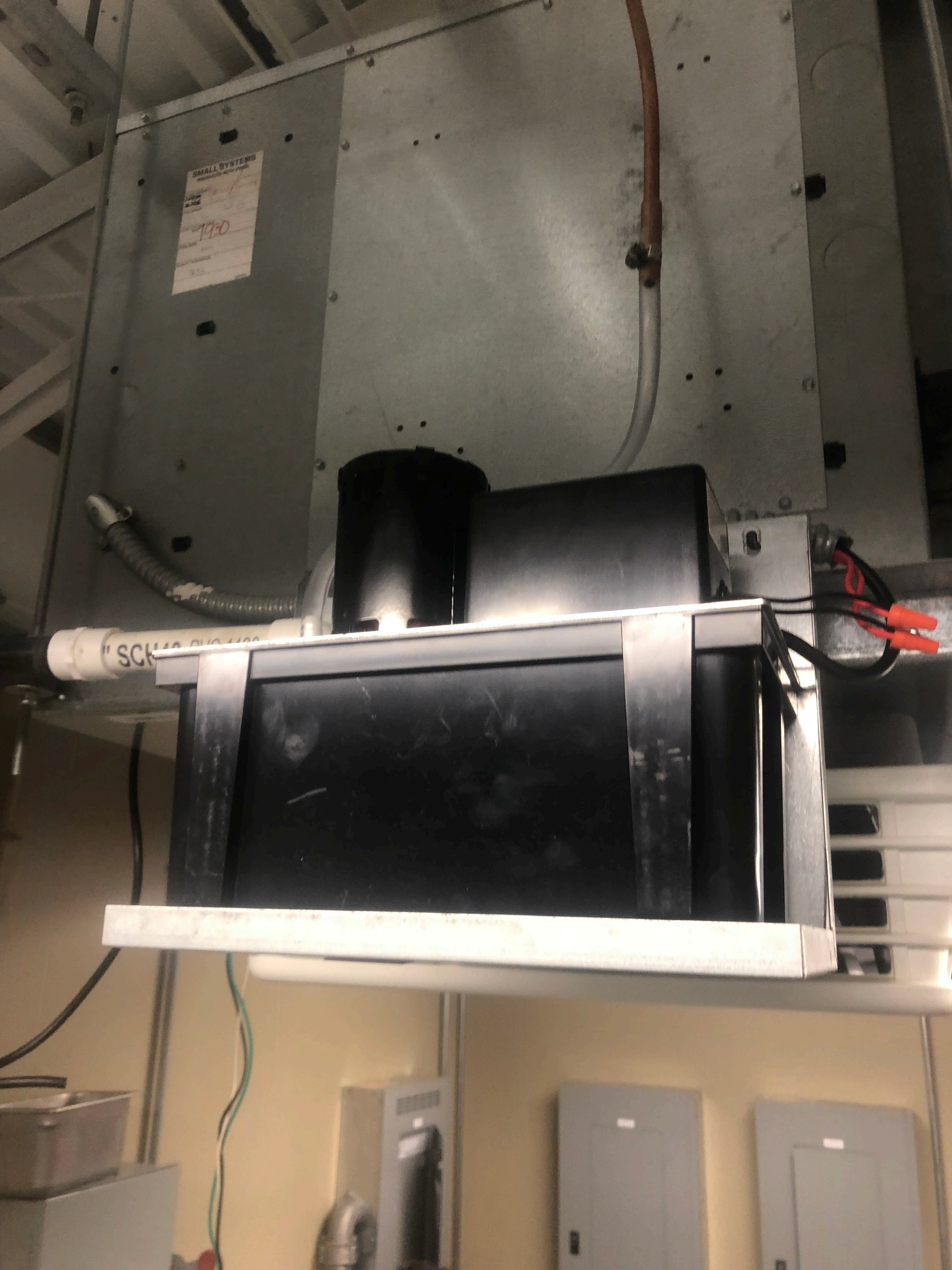




SMALL SYSTEMS
1970

"SCH"





SMALL SYSTEMS
1970

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