

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

FACID/Building: NY058 MARN Date of Visit: 11/14/19

Contractor Personnel on Site:

1. TIM WOLFE 2. TIM BUTTENMAN

Work Performed:

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

CSX # 15746 WO 3386

Asset #	Qty	Asset Description
		INSPECTED 2EA BALDOR LEN PUMPS
		REBUILT 2EA PUMPS
		ALIGNED, CHECK OPERATION
		CHECKED BUILDING FOR
		HEAT ALL GOOD

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TIM WOLFE Date: 11/14/19

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: ROBERT BENNETT / AFCS Date: 11-14-19

Signed: *R. Bennett*

E-Mail: _____



