

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. Dario Ruppel 4. _____
2. _____ 5. _____
3. _____ 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
- * 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: *Rd Vogt*

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