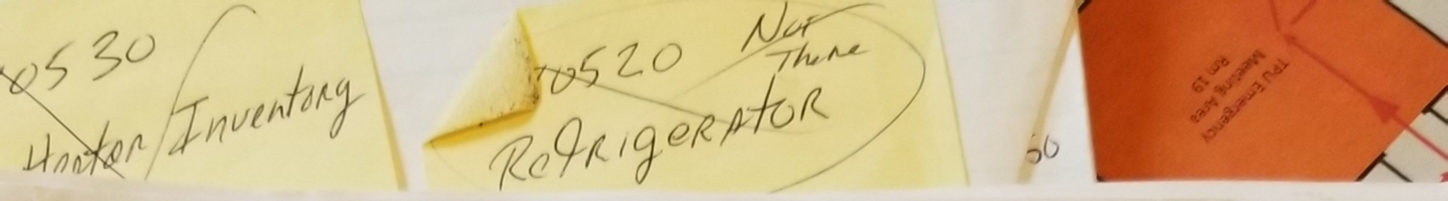

FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 Date of Visit: Nov. 2018

Contractor Personnel on Site:

1. CMI, Dario Ruppel #511012
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) Asset #10452, #10453, #10455, #10456 respectively.

1. Both Kitchen Refrigerations, Freezer, Ice Machine
2. Break Room Ref/Freezer Side-by-side Asset #10451
3. All Emergency Exit Illuminated Signs - Duel Light Wall Packs
4. Both 24 Hour dial timers (Time clock); Asset #10499, #10536

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. None
2. _____
3. _____

NY060 P662 of 2

NOV PM
NY060

FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

Replace 5 Nicad batteries to 5 Emergency Exit Signs, all 5 were located in the reserve center building.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David B. Ruppel Date: 11/20/18

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: Mike Mosemann Date: 20 Nov 2018

Signed: Mike Mosemann

E-Mail: michael.mosemann.ctr@mail.mil