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 Rappe / #511012
2. _____
3. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) Asset #10454, #10453, #10455, #10456 respectively (#10454)

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

~~**Inspection, Testing, and Certification**~~

4. Asset #10537 / WO #1117 Emergency Light & Exit Sign Comb / Quantity = 2
5. Asset #10538 / WO #1118 Emergency Exit Sign, Illuminated / Quantity = 6
6. Asset #10500 / WO #1111 Emergency Exit Sign, Illuminated / Quantity = 6
7. Asset #10493

~~**Other Recurring Services**~~

8. Asset #10494
9. Asset #10528
10. Asset #10529
4. _____

Service Calls – Service Call Number and Description

1. None
2. _____
3. _____

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FORMS

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

Replaced 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 Moseman Date: 20 Nov 2018

Signed: Mike Moseman

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