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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 8/19/2019

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: James P. Managle, CTR Date: 19 Aug 2019

Signed: James P. Managle

E-Mail: james.p.managle.ctr@mail.mil

CERTIFICATION OF WORK

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

FACID/Building: MY116-01 Date of Visit: 8/19/19

Contractor Personnel on Site:

ASSET # — W.O #

1. PM-MO-10749 — 4745
2. PM-MO-10750 — 4746
3. PM-MO-10751 — 4747
PM-MO-10752 — 4748

Work Performed:

PM-MO-10755 — 4749

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

PM-QT-10672 — 4850
PM-QT-10673 — 4851
PM-QT-10692 — 4852
PM-QT-10653 — 4853
PM-QT-10654 — 4854
PM-QT-10655 — 4855

Inspection, Testing, and Certification

PM-QT-10656 — 4856
PM-QT-10736 — 4857
PM-QT-10737 — 4858
PM-QT-10738 — 4859
PM-QT-10739 — 4860
PM-QT-10753 — 4861

Other Recurring Services

PM-QT-10671 — 4994
1. PM-QT-10740 — 4995
2.
3. MY116-02
4.

ASSET # W.O #

Service Calls – Service Call Number and Description

1. PM-MO-10771 — 4750
2.
3.