FORMS

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

FACID/Building: NY128 Date of Visit: 11/19/18

Contractor Personnel on Site:

1. DAVID Ruppel
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. #10805 Break Room Refrigeration/Freezer (4x/yr.)
2. #10804 Kitchen Ice Maker (4x/yr.)
3. #10802 Kitchen Reach-in Refrigerators (2) (4x/yr.)
4. #10803 Kitchen Freezer (4x/yr.)

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

5. #'s 10856 & 10893 : Emergency Exit Signs & Wall Packs (Dual Lights)
6. ~~X~~ Asset #10855 / WO #1017 : 30 Parking lot lights, pole mounted (4x/yr.)
7. ~~X~~ Asset #'s 10848, 10847, 10846 / WO #'s 1149, 1148, 1147 3 Domestic Gas Fired Hot Water Heaters

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

NY128 NOV 2018 PM1

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: 11/19/18

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 th
best of my knowledge, completed the stated work listed:

Print Name/Rank: Mike Moseman Date: 11/30/18

Signed: Mike Moseman

E-Mail: Michael.Moseman.ctr@mail.mil

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