

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

FACID/Building: NVSP OHS/Power Date of Visit: 8/14/12
 Location Address: Stockman Village

Contractor Personnel on Site:
POW 12

Work Performed: REMOVED AIR FROM SYSTEM OF PIPES
 Service Calls - PO/CS#

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wilson Date: 8/14/12
 Signed: [Signature]

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: Louis Gaudin Date: 15 August 2012
 Signed: [Signature]
 Email: Louis.Gaudin@NAVY.mil



