

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: PA051-19401 AND PA051-19402
Date of Visit: 9/18/19

Contractor Personnel on Site:

1. Scott K
2. _____
3. _____
4. _____

Work Performed:

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

1. WO # 10770 (PUMPS)
2. 10956 (CONTROL PANELS)
3. 10841 (VEHICLE EXHAUST)
4. 10898 (PTAC & CONTROL PANEL)
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Kenders Date: 9/18/19
Signed: Scott Kenders

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: CPL VALDEZ, EDDY R Date: 20190918
Signed: C
E-Mail: eddy.valdez@usmc.mil.