

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

FACID/Building: PH/66 Date of Visit: 12-21-18

Contractor Personnel on Site:

1. Fentzaker
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed: Service call for AHU #6 (slurry flow)

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. C85#16442
2. _____
3. _____

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

ATH-6 Bad Motor Need to Replace
New Ruses

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ben Kasey Date: 12-21-18
Signed: Ben Kasey

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: Timothy S PETERS Date: 21 DEC 18
Signed: Timothy S PETERS
E-Mail: _____