

CERTIFICATION OF WORK

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

FACID/Building: 023 Date of Visit: 8/3/19

Contractor Personnel on Site: Elite Comfort Group

1. CS Fordham 2. Tennis Gaffney

Work Performed:

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

1. WOI -

Service Calls - Service Call Number and Description

1. CSS# 21025 - flow switch
2. CSS#
3. CSS#

Chiller - replace flow switch

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Dumaresq Date:

Signed: Richard Dumaresq

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: Louise Anne Alos Date: 9/3/17

Signed: [Signature]

E-Mail: Louise.Alos@CTC@MAIL.MIL