

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: 1/25/19

Contractor Personnel on Site:

1. Randy Beckett 2. _____

Work Performed: connected drain on air compressor.

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

1. WO# Com 0099731

Service Calls - Service Call Number and Description

1. CSS# 17071
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Randy Beckett Date: 1-25-19

Signed: Randy Beckett

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: Charles B Duncan FL Date: 2019 01-23

Signed: Charles B Duncan

E-Mail: Charles.b.duncan@mil & mail.mil