

CERTIFICATION OF WORK

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

FACID/Building: WV009

Date of Visit: 12/04/18

Contractor Personnel on Site:

1. Crane 1 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS#_14713-Urgent- Annual crane inspection due

2. CSS# _____

3. CSS# _____

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Theresa Duall

Date: 12/04/18

Signed: [Signature]

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: Jeremy Funder WL09

Date: 04 DEC 18

Signed: [Signature]

E-Mail: jeremy.t.funder@cnemarl.mil

