

CERTIFICATION OF WORK

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

FACID/Building: WV046

Date of Visit: 2/28/19

Contractor Personnel on Site:

1. Ray Chan

4. _____

2. _____

5. _____

3. _____

6. _____

Work Performed:

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

Description of Problem

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

7587 Lube - BAY 2/3 Lenky hose BAY 6/7 Screen Broken. Yellow
BAY 6/7 worn smy Locked Bkt BAY 6/7 Blue worn minor
BAY 3/4 15/6 Blue Back Screen (And) Blue Itie bnts
BAY 3/4 15/6 - Yellow Doesnt work
Lube Pump AREA - Need 4 New o-lon, All 4 regular bnts
Oil Recovery - AIR valve Does not shut when tank is full - Spill Risk!
Parts washer - Rotation motor seized, Elecromi Controls Burned up
7586

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ray Chan Date: 2/28/19
Signed: 

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: Dwayne Felton WG08 Date: Feb 28, 2019
Signed: 
E-Mail: dwayne.a.felton4.civ@mail.mil

