

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. <u>Ray Chan</u> | 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 or Problem

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

Lube - BAY 2/3 Leaky Hose BAY 6/7 Screen Broken - Yellow
7587 BAY 6/7 won't stay Locked Bk BAY 6/7 Blue won't run
BAY 3/4/5/6 Blue Broken Screen (one) Blue hose leaks
BAY 3/4/5/6 - Yellow Doesn't work
7589 Lube Down AREA - NEED 4 new o-rings, all 4 regulator links
Oil Recovery - AIR valve Does not shut when tank is full - Spill Risk!
PANTS washer - Rotation motor Seized, Electrical 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

