

CERTIFICATION OF WORK

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

FACID/Building: PA013 – Butler, PA

Date of Visit: 9/19/2019

Contractor Personnel on Site:

- | | |
|-----------------------------------|----------|
| 1. Casey McEwen (KONECRANES)_____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

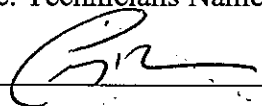
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | |
|---------------------------------|
| 1. WO #9189 – Asset # 6925_____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |
| 5. _____ |
| 6. _____ |

To be signed by the Contractor:

Print Name: Technicians Name: Casey McEwen

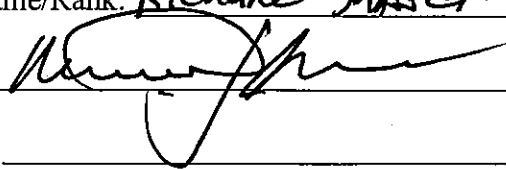
Date: September 19, 2019

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: Richard Shaffer Date: 19 Sep 2019

Signed: _____

E-Mail: _____