

CERTIFICATION OF WORK

PA05101 (To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 292 Date of Visit: 2/29/18

Contractor Personnel on Site:

1. Jim McElhinny 2. _____

Work Performed:

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

1. WO# 183055TP 2. 314 ASSET 7160

Service Calls - Service Call Number and Description

1. CSS# TESTED 1" RP - FAILED ON #2 check - HOSE BIB A P/L
2. CSS# TESTED 4" RP PASS CONBRACO
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhinny Date: 2/29/18

Signed: Jim McElhinny

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: Hetrick, D. Date: 2/18/20

Signed: D. Hetrick

E-Mail: duane.s.hetrick.mil@mail.mil

