

INSPECTION, TESTING, AND CERTIFICATION OF WORK

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

FACID/Building: PR 042-01+02 Date of Visit: 2/9/18

Contractor Personnel on Site:

1. Tony	Lorenz	4.
5. Scott	Werry	5.
6. Frank	Sepiava	6.

Work Performed:

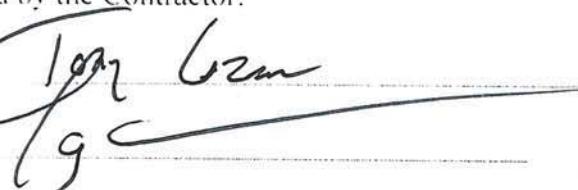
Inspection, Testing, and Certification

5. 0491	- Pole Lights + Gates
6. 2543	- Freezers, Fridge, ice maker + photo call
7. 2320	- Back Pk
8. 2321	- Back Pk
2621	- Photo Call

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

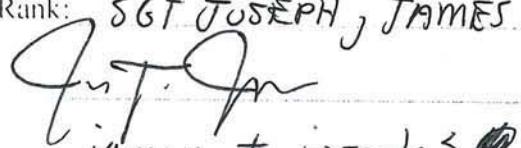
 Date: 2/8/18

Signed: 

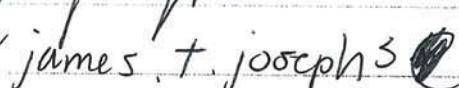
To be signed by Facility Manager:

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: SGT JOSEPH, JAMES T Date: 2/9/18

Signed: 

E-Mail:

 james.t.joseph3@mai.mil