

CERTIFICATION OF WORK

PA051-c3 (To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Pump House Date of Visit: 2/21/18

Contractor Personnel on Site:

1. Tim McElhenny 2. _____

Work Performed:

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

1. WO# 2381 ASSET 7261

Service Calls - Service Call Number and Description

1. CSS# Tested 6" Combraco RP- Failed #2544 TOFFLEAKS
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tim McElhenny Date: 2/21/18

Signed: Tim McElhenny

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: CHARLES L. DOWD /CWS Date: 21 FEB 2018

Signed: Q?D

E-Mail: CHARLES.L.DOWD.MICOMMNIC.MIL

ENTER TEST

Contract

4070 Co 2

#4297

b

✓ CHECKED

✓ CHECKED

✓ CHECKED

✓ CHECKED

✓ #7 Silver Seats NO



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