

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

FACID/Building: PA 166-6B Date of Visit: 2/23/18

Contractor Personnel on Site:

1. Jim Mcelhenny 2. _____

Work Performed:

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

1. WO# 2389 ASSET 7156

Service Calls - Service Call Number and Description

1. CSS# 4" AMES DC - FIRE PASS
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Mcelhenny Date: 2/23/18

Signed: Jim 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: TIMOTHY S PETERS Date: 23 FEB 2018

Signed: Timothy S. Peters

E-Mail: timothy.s.peters3.ctr@mail.mil

CKFLOW PF - VENTER TEST

AMERICAN
FEDERAL
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