

PAC 51-10

CERTIFICATION OF WORK

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

FACID/Building: 471 TOWER Date of Visit: 2/21/18

Contractor Personnel on Site:

1. JIM McELHANNY 2. _____

Work Performed:

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

1. WO# 2452 ASSET 7253

Service Calls - Service Call Number and Description

1. CSS# TESTED 2" A/B/C RP - PASSED
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JIM McELHANNY Date: 2/21/18

Signed: [Signature]

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: AL Morysecki Date: 2/21/18

Signed: [Signature]

E-Mail: _____

