

PA051-22701 AVIATION Drive

CERTIFICATION OF WORK

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

FACID/Building PA 227-01 Date of Visit: 2/26/18

Contractor Personnel on Site:

1. JIM MELHINNY 2. _____

Work Performed:

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

1. WO# 2597 Assrt tool

M - 975 XL

Service Calls - Service Call Number and Description S - 882999

1. CSS# 3/4 williams RP Fail checks #1 & #2 leak

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JIM MELHINNY Date: 2/26/18

Signed: JIM MELHINNY

To be signed by Facility Manager:

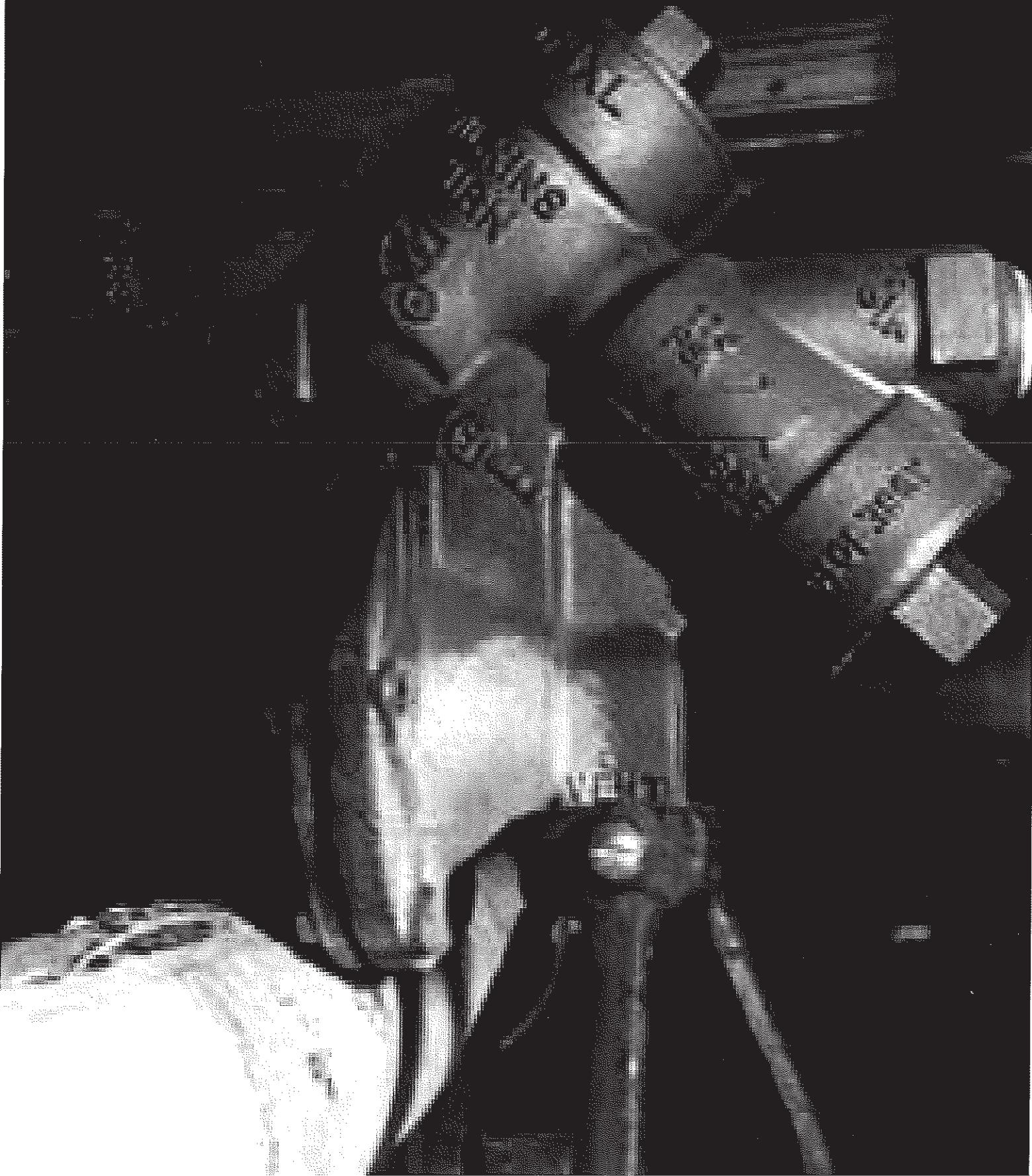
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: AL MELHINNY Date: 2/26/18

Signed: AL MELHINNY

E-Mail: _____

YD 6 TRAD



Job: 183057TP

PA171 Johnstown
284 Aviation Drive
Johnstown, PA 15902

Contract:

Change Orders: 0.00
Revised: 0.00
Prev. Billed: 0.00
Open: 0.00

101-171

-Device

\$ 180-