



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

FACID/Building: PAOTM Date of Visit: 3/25/19

Contractor Personnel on Site:
1. Dale Johnson 2. _____

Work Performed:
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)
1. WOI: Applied Barner Door Floor Sensor, Tighten & All Gaskets

Service Calls - Service Call Number and Description
1. CSS#: 16446
2. CSS#: _____
3. CSS#: _____

CERTIFICATION OF WORK

To be signed by the Contractor:
Print Name: Dale Johnson Date: 3/25/19
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: Josh Sutton, GS11 Date: _____
Signed: [Signature]
E-Mail: jhsutton@ciok.net

