

CERTIFICATION OF WORK

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

FACID/Building: Daniel coultas Date of Visit: _____

Contractor Personnel on Site:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. ~~Tested multiple power cables at 3 monitor locations. Monitors do not power up. Used test~~
4. ~~monitor on van and camera pulls up and is working. Only 1 camera on site at front door. 3~~

~~monitors throughout building all same polaroid brand. Was told that the location has not~~
Inspection, Testing, and Verification for a few years, and that the location has frequent power issues.

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

Nick johnson

2/11/19

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed:

facility Manager:
Staff set shown during

2/11/19

To be signed by Facility Manager:

Staff sgt shawn denis **2/11/19**
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: **Shawn.m.denis.mil@mail.mil** Date:

Signed:

E-Mail: