

CERTIFICATION OF WORK

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

FACID/Building: VA001-01 _____ Date of Visit: 12-3-18

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	6660	4082	PM-SA-4082	J-1502000-08 1-pc Unit Heater
	6660	4171	PM-SA-4082	J-1502000-08 1-pc Unit Heater, Electric, Suspended
	6693	4172	PM-SA-4172	J-1502000-08 1-pc Unit Heater, Electric, Suspended

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To be signed by the Contractor:

Print Name: Andy Bird Date: 12-3-18

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: Jim Lee Date: SPEC

Signed: [Signature]

E-Mail: _____