

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:

ISG

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

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Andy Beld

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: Denise Date: SPEC

Signed: DR

E-Mail: _____