

CERTIFICATION OF WORK

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

FACID/Building: VA001-01 _____ Date of Visit: 2-4-19

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

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

W/O #	Asset	Asset Description
7359	6788	J-1502000-23 1-pc Freezer, 2 Section, Reach In, Electric
7359	6806	J-1502000-23 1-pc Ice Maker Machine Filter Feb
7359	6877	J-1502000-23 1-pc Refrigerator, 2 Section
7359	7082	J-1502000-27 Water Heater cap 119

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 2-4-19

Signed: Andy Bird

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: R J D E M E O Date: 2-4-19

Signed: [Signature]

E-Mail: _____