

*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 time line:

CERTIFICATION OF WORK

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

Building: VA006-01 _____ Date of Visit: 5/1/19

Contractor Personnel on Site:

1. Troy CRAIG 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	8496	1573	PM-QT-1576	J-1502000-23 1-pc Ice Maker Machine Cube 11
	8496	1574	PM-QT-1576	J-1502000-23 1-pc Refrigerator, 3 Section, Reach In, Electric
	8525	2238	PM-SA-2238	J-1502000-04 1-pc Air Handler, with Chilled Water 1/4hp Quarterly Filter PM
	8525	2239	PM-SA-2238	J-1502000-04 1-pc Air Handler, with Chilled Water Quarterly Filter PM
	8525	2240	PM-SA-2238	J-1502000-04 1-pc Air Unit, Outdoor
	8556	2238	FQ-2238	J-1502000-04 1-pc Air Handler, with Chilled Water 1/4hp Quarterly Filter PM
	8556	2239	FQ-2238	J-1502000-04 1-pc Air Handler, with Chilled Water Quarterly Filter PM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy CRAIG Date: 5/1/19

Signed: Troy Craig

To be signed by Facility Manager:

Print Name/Rank: SFC [Signature] W. J. [Signature] Date: _____

Signed: [Signature]

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E-Mail: _____