

CERTIFICATION OF WORK

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

FACID/Building: VA010-01 Date of Visit: 2-14-19

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

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

W/O #	Asset #	Asset Description
7388	6836	J-1502000-23 1-pc Ice Maker, Hotel/Motel Machine w/ Storage Bin cap 450PSIG Filter Feb
7388	6954	J-1502000-27 1-pc Water Heater

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To be signed by the Contractor:

Print Name: Andy Bird Date: 2-14-19Signed: 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: Paul E. Crouse Date: 2-14-19Signed: Paul E. CrouseE-Mail: paul.e.crouse.civ@mail.mil