

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 timeline:

CERTIFICATION OF WORK

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

FACID/Building: VA010-01_____ Date of Visit: 5-6-19

Contractor Personnel on Site:

1. ISC 2. _____

Work Performed:

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

| PM/SO | WO # | Asset # | PM # | Asset Description |
|-------|------|---------|------------|--|
| | 8651 | 6836 | PM-QT-6836 | J-1502000-23 1-pc Ice Maker, Hotel/Motel Machine w/ Storage Bin cap 450PSIG Annual Filter PM |
| | 8651 | 6954 | PM-QT-6836 | J-1502000-27 1-pc Water Heater |
| | 8725 | 3215 | PM-SA-3215 | J-1502000-04 1-pc Chiller, Air Cooled |
| | 8725 | 3216 | PM-SA-3215 | J-1502000-04 1-pc Chiller, Air Cooled |
| | 8725 | 3217 | PM-SA-3215 | J-1502000-04 1-pc Chiller, Air Cooled |
| | 8725 | 3218 | PM-SA-3215 | J-1502000-04 1-pc Chiller, Air Cooled |
| | 8725 | 5050 | PM-SA-3215 | J-1502000-14 1-pc Dehumidifier cap 25 pints |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 5-7-19

Signed: Andy Bird

To be signed by Facility Manager:

Print Name/Rank: _____ Date: _____

Signed: _____

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E-Mail: _____