

CERTIFICATION OF WORK

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

FACID/Building: VA012-01 Date of Visit: 2-5-19

Contractor Personnel on Site:

1. TSC 2. _____

Work Performed:

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

W/O #	Asset #	Asset Description
7360	6781	J-1502000-23 1-pc Freezer Upright, Electric
7360	6807	J-1502000-23 1-pc Ice Maker Machine Filter Feb
7360	7073	J-1502000-27 Water Heater

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To be signed by the Contractor:

Print Name: Andy Bird Date: 2-5-19
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: Darrell Lucas Date: _____
Signed: Darrell

E-Mail: _____