

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: VA039-01_____ Date of Visit: 5-8-19

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

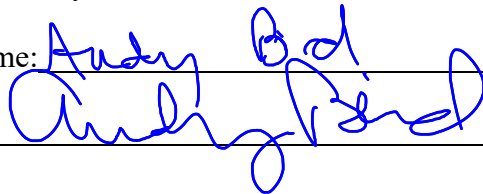
Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	8489	3047	FQ-3047	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8489	3048	FQ-3047	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8489	4638	FQ-3047	J-1502000-09 1-pc Packaged Terminal AC Quarterly Filter PM
	8489	4645	FQ-3047	J-1502000-09 1-pc Packaged Terminal AC Quarterly Filter PM
	8631	6789	PM-QT-6815	J-1502000-23 1-pc Freezer, 2 Section, Reach In, Electric
	8631	6815	PM-QT-6815	J-1502000-23 1-pc Ice Maker Machine Annual Filter PM
	8631	6859	PM-QT-6815	J-1502000-23 1-pc Refrigerator, 2 Section
	8631	7077	PM-QT-6815	J-1502000-27 Water Heater
	8758	3047	PM-SA-6523	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8758	3048	PM-SA-6523	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8563	7415	PM-MO-7415	J-1502000-45 10-pc Flood Light, Pole Mounted Fluorescent
	8563	7445	PM-MO-7415	J-1502000-45 3-pc Double Light, Pole Mounted Aluminum Fluorescent
	8703	7078	PM-QT-7078	J-1502000-27 Water Heater

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To be signed by the Contractor:

Print Name: Andy Bod Date: 5-8-19
Signed: 

To be signed by Facility Manager:

Print Name/Rank: _____ Date: _____
Signed: 
E-Mail: _____