

*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: VA039-01 _____

Date of Visit: 8-12-19

Contractor Personnel on Site:

1. JSG

2. _____

Work Performed:

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

Service Orders -

| PM/SO | WO # | Asset # | PM # | Asset Description |
|-------|-------|---------|------------|--|
| | 10193 | 3047 | FQ-3047 | J-1502000-04 1-pc Air Handler Quarterly Filter PM |
| | 10193 | 3048 | FQ-3047 | J-1502000-04 1-pc Air Handler Quarterly Filter PM |
| | 10193 | 4638 | FQ-3047 | J-1502000-09 1-pc Packaged Terminal AC Quarterly Filter PM |
| | 10193 | 4645 | FQ-3047 | J-1502000-09 1-pc Packaged Terminal AC Quarterly Filter PM |
| | 10415 | 6789 | PM-QT-6815 | J-1502000-23 1-pc Freezer, 2 Section, Reach In, Electric |
| | 10415 | 6815 | PM-QT-6815 | J-1502000-23 1-pc Ice Maker Machine Annual Filter PM |
| | 10415 | 6859 | PM-QT-6815 | J-1502000-23 1-pc Refrigerator, 2 Section |
| | 10415 | 7077 | PM-QT-6815 | J-1502000-27 Water Heater |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bid Date: 8-12-19

Signed: Andy Bid

To be signed by Facility Manager:

Print Name/Rank: Amanda Foster Date: 12 Aug 19

Signed: Amanda Foster

E-Mail: _____