

*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: VA048-01 _____ Date of Visit: May 9th 19 _____

Contractor Personnel on Site:

1. Troy _____ 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	8471	1463	PM-MO-1463	J-1502000-49 1-pc Automatic Gate SglGate,Auto,Cantilever WestParkEnt-Egress (35ft Gate)
	8499	1586	PM-QT-1589	J-1502000-23 1-pc Ice Maker, Hotel/Motel Machine with Storage Bin
	8499	1588	PM-QT-1589	J-1502000-27 1-pc Water HeaterRoom 117
	8499	1589	PM-QT-1589	J-1502000-31 1-pc Sump Pump, Electric RM 117
	8527	2284	PM-SA-2296	J-1502000-04 1-pc AC Unit, Wall Unit Quarterly Filter PM
	8527	2285	PM-SA-2296	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8527	2286	PM-SA-2296	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8527	2287	PM-SA-2296	J-1502000-04 1-pc Air Handler,Inoperable Quarterly Filter PM
	8527	2288	PM-SA-2296	J-1502000-04 1-pc Air Handler,Inoperable Quarterly Filter PM
	8527	2289	PM-SA-2296	J-1502000-04 1-pc Air Unit, Outdoor
	8527	2290	PM-SA-2296	J-1502000-04 1-pc Condensing Unit 1HP
	8527	2291	PM-SA-2296	J-1502000-04 1-pc Condensing Unit 1HP
	8527	2296	PM-SA-2296	J-1502000-14 1-pc Dehumidifier-Can't locate might be in Vault need access

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy _____ Date: May 9th 19 _____

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Signed: _____

To be signed by Facility Manager:

Print Name/Rank: Angela Wang Date: 9 May 19

Signed: 

E-Mail: _____