

*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: VA049-01 _____

Date of Visit: 5/13/19

Contractor Personnel on Site:

1. Troy CRAIG 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	8500	1592	PM-QT-1595	J-1502000-23 1-pc Ice Maker FilterChangeAnnual-Feb
	8500	1593	PM-QT-1595	J-1502000-23 4-pc Refrigerator
	8500	1594	PM-QT-1595	J-1502000-27 4-pc Water HeaterMech Room
	8500	1595	PM-QT-1595	J-1502000-27 1-pc Water HeaterMech Room
	8500	1596	PM-QT-1595	J-1502000-43 7-pc PhotocellPOV Lights
	8528	2312	PM-SA-2312	J-1502000-04 1-pc Air Handler, with Chilled Water Quarterly Filter PM
	8528	2313	PM-SA-2312	J-1502000-04 1-pc Air Handler, with Chilled Water Quarterly Filter PM
	8528	2314	PM-SA-2312	J-1502000-04 1-pc Air Unit, Outdoor
	8528	2315	PM-SA-2312	J-1502000-04 1-pc Air Unit, Outdoor
	8528	2316	PM-SA-2312	J-1502000-04 1-pc Condensing Unit
	8559	2312	FQ-2312	J-1502000-04 1-pc Air Handler, with Chilled Water Quarterly Filter PM
	8559	2313	FQ-2312	J-1502000-04 1-pc Air Handler, with Chilled Water Quarterly Filter PM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy CRAIG Date: 5/13/19

Signed: Troy

To be signed by Facility Manager:

*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:

Print Name/Rank: Anderson, Mark GS-11 Date: 14 May 19

Signed: 

E-Mail: mark.s.anderson7.mil@mail.mil