

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: VA051-02

Date of Visit:

3-11-19

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 |
|-------|------|---------|------------|---|
| | 7697 | 4905 | PM-QT-4905 | J-1502000-12 1-pc Hot Water Pump |
| | 8002 | 5219 | PM-SA-5217 | J-1502000-15 1-pc Mini Split, FanCoil Filter DecMarJunSep |
| | 7801 | 8042 | PM-QT-8042 | J-1502000-57 1-pc Overhead Vehicle Exhaust System |
| | 7973 | 5123 | PM-SA-5123 | J-1502000-15 1-pc Mini Split Filter DecMarJunSep |
| | 7973 | 5124 | PM-SA-5123 | J-1502000-15 1-pc Mini Split Filter DecMarJunSep |
| | 7975 | 5125 | PM-SA-5125 | J-1502000-15 1-pc Mini Split Filter DecMarJunSep |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Audrey Bird Date: 3-11-19

Signed: Audrey Bird

To be signed by Facility Manager:

Print Name/Rank:

Robert Faal Date: 20190311

Signed: Robert Faal

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E-Mail: _____