

*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: VA050-01 _____

Date of Visit: 5/17/19

Contractor Personnel on Site:

1. Troy Cralc 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	8472	1464	PM-MO-1464	J-1502000-49 1-pc Automatic Gate 2014 Single Gate, Automatic, Sliding Entrance
	8502	1601	PM-QT-1605	J-1502000-23 1-pc Ice Maker Machine Cube FilterChangeAnnual-Feb
	8502	1605	PM-QT-1605	J-1502000-27 1-pc Water Heater Mech Rm
	8502	1606	PM-QT-1605	J-1502000-43 11-pc PhotocellPOV Lights
	8532	2344	PM-SA-2343	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8532	2345	PM-SA-2343	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8532	2346	PM-SA-2343	J-1502000-04 1-pc Chiller, Air Cooled
	8532	2347	PM-SA-2343	J-1502000-04 1-pc Chiller, Air Cooled
	8532	2348	PM-SA-2343	J-1502000-04 1-pc Condensing Unit
	8560	2344	FQ-2344	J-1502000-04 1-pc Air Handler Quarterly Filter PM
	8560	2345	FQ-2344	J-1502000-04 1-pc Air Handler Quarterly Filter PM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy Cralc Date: 5/17/19

*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:

Signed: Tim C

To be signed by Facility Manager:

Print Name/Rank: LISA KEA SSK Date: 20/10/17

Signed: LISA KEA SSK

E-Mail: _____