

*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: VA099-01 _____ Date of Visit: 5/24/19

Contractor Personnel on Site:

1. [Signature] 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	8473	1465	PM-MO-1465	J-1502000-49 1-pc Automatic Gate 2013 Sgl Gate,Auto,Cantilever Road to motor pool
	8503	1607	PM-QT-1613	J-1502000-23 2-pc Refrigerator, 2 Section, Reach In, Electric
	8503	1608	PM-QT-1613	J-1502000-23 2-pc Refrigerator- Freezer, Reach In, Electric
	8503	1609	PM-QT-1613	J-1502000-23 1-pc Ice Maker FilterChangeAnnual-Feb
	8503	1610	PM-QT-1613	J-1502000-27 1-pc Water HeaterRoom 110
	8503	1611	PM-QT-1613	J-1502000-27 1-pc Water HeaterRoom 110
	8503	1612	PM-QT-1613	J-1502000-27 1-pc Water HeaterRoom 110
	8503	1613	PM-QT-1613	J-1502000-43 14-pc PhotocellPOV Lights
	8533	2361	PM-SA-2370	J-1502000-04 1-pc Air Handler, with Chilled Water Quarterly Filter PM
	8533	2362	PM-SA-2370	J-1502000-04 1-pc Energy Recovery Unit Quarterly Filter PM
	8533	2363	PM-SA-2370	J-1502000-04 1-pc Energy Recovery Unit Quarterly Filter PM
	8533	2364	PM-SA-2370	J-1502000-04 1-pc Kitchen Make Up Air Unit
	8533	2365	PM-SA-2370	J-1502000-04 1-pc Chiller, Air Cooled
	8533	2370	PM-SA-2370	J-1502000-14 1-pc Dehumidifier- Can't locate might be in Vault need access

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To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

To be signed by Facility Manager:

Print Name/Rank: Donald A. FOS _____ Date: _____

Signed: [Signature] _____

E-Mail: _____