

*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: VA099-02_____ Date of Visit: 5/21/19_____

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
	8561	2361	FQ-2361	J-1502000-04 1-pc Air Handler, with Chilled Water Quarterly Filter PM
	8561	2362	FQ-2361	J-1502000-04 1-pc Energy Recovery Unit Quarterly Filter PM
	8561	2363	FQ-2361	J-1502000-04 1-pc Energy Recovery Unit Quarterly Filter PM
	8474	1466	PM-MO-1467	J-1502000-45 14-pc Single Light, Pole Mounted
	8474	1467	PM-MO-1467	J-1502000-45 6-pc Double Light, Pole Mounted
	8504	1614	PM-QT-1615	J-1502000-27 1-pc Water HeaterElectric Rm 117
	8504	1615	PM-QT-1615	J-1502000-27 1-pc Water Heater 19 GAL Electric Rm 107
	8504	1616	PM-QT-1615	J-1502000-43 20-pc PhotocellMotor Pool Lights
	8534	2383	PM-SA-2385	J-1502000-04 1-pc Cooling Coil for F1
	8534	2384	PM-SA-2385	J-1502000-04 1-pc Condensing Unit
	8534	2385	PM-SA-2385	J-1502000-04 1-pc Make Up Air Unit Quarterly Filter PM
	8562	2385	FQ-2385	J-1502000-04 1-pc Make Up Air Unit Quarterly Filter PM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

*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: _____

To be signed by Facility Manager:

Print Name/Rank:

Donald Nison

Date:

20 May 19

Signed:

E-Mail: