

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: WV002-01 _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	6755	4625	PM-SA-4625	J-1502000-08 8-pc Unit Heater, Electric, Suspended
	6491	7450	PM-MO-7450	J-1502000-45 3-pc Flood Light, Pole Mounted Aluminum
	6621	8079	PM-QT-8079	J-1502000-57 4-pc Overhead Vehicle Exhaust System
	6689	4165	PM-SA-4165	J-1502000-08 1-pc Unit Heater, Electric, Suspended
	6689	4464	PM-SA-4165	J-1502000-08 2-pc Fan Coil

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

To be signed by Facility Manager:

I certify that the above-named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____