

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

FACID/Building: WV006-01 _____ Date of Visit: 12-19-18

Contractor Personnel on Site:

1. TSG 2. _____

Work Performed:

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

Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	6650	4545	PM-SA-4030	J-1502000-08 38-pc Unit Heater, Hot Water
	6650	4584	PM-SA-4030	J-1502000-08 4-pc Unit Heater, Gas Infrared
	6650	4620	PM-SA-4030	J-1502000-08 7-pc Unit Heater, Hot Water, Suspended
	6619	8076	PM-QT-8076	J-1502000-57 3-pc Overhead Vehicle Exhaust System
	6619	8086	PM-QT-8076	J-1502000-57 5-pc Overhead Vehicle Exhaust System
	6619	8087	PM-QT-8076	J-1502000-57 5-pc Vehicle Exhaust System
	6711	4248	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas Fired Radiant
	6711	4252	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas GUH-7
	6711	4281	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas, Suspended GUH-1
	6711	4282	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas, Suspended GUH-2
	6711	4283	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas, Suspended GUH-4
	6711	4284	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas, Suspended GUH-6
	6711	4285	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas, Suspended GUH-9
	6711	4317	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas, Suspended EF-14
	6711	4319	PM-SA-4248	J-1502000-08 1-pc Unit Heater, Gas, Suspended GUH-3

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 12-19-18
Signed: Andy Bird

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: Dawn Dutto Date: 19 DEC 2018
Signed: Dawn Dutto

E-Mail: _____