

CERTIFICATION OF WORK

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

FACID/Building: WV020-01_____ 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
	6525	4866	PM-QT-4866	J-1502000-12 1-pc Glycol Feed System Pump
	6525	4867	PM-QT-4866	J-1502000-12 1-pc Glycol Level Controller
	6525	4988	PM-QT-4866	J-1502000-12 1-pc Polyethylene Tank cap 50 Gal
	6662	4084	PM-SA-4084	J-1502000-08 1-pc Unit Heater
	6662	4091	PM-SA-4084	J-1502000-08 1-pc Unit Heater CUH-2
	6662	4092	PM-SA-4084	J-1502000-08 1-pc Unit Heater CUH-3
	6662	4217	PM-SA-4084	J-1502000-08 1-pc Unit Heater, Electric, Suspended
	6662	4396	PM-SA-4084	J-1502000-08 1-pc Unit Heater, Hot Water, Suspended
	6662	4397	PM-SA-4084	J-1502000-08 1-pc Unit Heater, Hot Water, Suspended
	6662	4398	PM-SA-4084	J-1502000-08 1-pc Unit Heater, Hot Water, Suspended
	6662	4430	PM-SA-4084	J-1502000-08 1-pc Unit Heater, Hot Water, Suspended
	6662	4531	PM-SA-4084	J-1502000-08 2-pc Unit Heater, Hot Water, Suspended
	6481	7436	PM-MO-7436	J-1502000-45 2-pc Double Light, Pole Mounted Aluminum Metal Halide Time Clock
	6513	4838	PM-QT-4838	J-1502000-12 1-pc Chem Bypass Feeder cap 5 Gal
	6513	5001	PM-QT-4838	J-1502000-12 2-pc Hot Water Pump

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: _____