

CERTIFICATION OF WORK

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

FACID/Building: WV024-01 _____ Date of Visit: 12-11-18

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	6522	4859	PM-QT-4859	J-1502000-12 1-pc Expansion Tank
	6658	4080	PM-SA-4080	J-1502000-08 1-pc Unit Heater
	6658	4093	PM-SA-4080	J-1502000-08 1-pc Unit Heater CUH-4
	6658	4200	PM-SA-4080	J-1502000-08 1-pc Unit Heater, Electric, Wall Mounted EWH-1
	6658	4201	PM-SA-4080	J-1502000-08 1-pc Unit Heater, Electric, Wall Mounted EWH-2
	6658	4202	PM-SA-4080	J-1502000-08 1-pc Unit Heater, Electric, Wall Mounted EWH-4
	6658	4210	PM-SA-4080	J-1502000-08 1-pc Unit Heater, Electric, Wall Mounted EWH-3
	6658	4507	PM-SA-4080	J-1502000-08 2-pc Unit Heater, Gas
	6480	7435	PM-MO-7435	J-1502000-45 2-pc Double Light, Pole Mounted Aluminum LED
	6627	8085	PM-QT-8085	J-1502000-57 4-pc Vehicle Exhaust System
	6676	4135	PM-SA-4135	J-1502000-08 1-pc Unit Heater, Electric EGH-1
	6676	4136	PM-SA-4135	J-1502000-08 1-pc Unit Heater, Electric EUH-3
	6676	4137	PM-SA-4135	J-1502000-08 1-pc Unit Heater, Electric EWH-1
	6676	4220	PM-SA-4135	J-1502000-08 1-pc Unit Heater, Electric, Suspended EUH-4
	6676	4579	PM-SA-4135	J-1502000-08 4-pc Unit Heater, Gas

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To be signed by the Contractor:

Print Name: Andy Bird Date: 12-11-18

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: Madeline Owen^{E4} Date: 12-11-18

Signed: Madeline Owen

E-Mail: _____