

*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: WV010-01 _____ Date of Visit: 7-6-19

Contractor Personnel on Site:

1. Chris Sargent 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
pm	9675	6380		J-1502000-18 15-pc Motion Sensor
pm	9771	7905		J-1502000-55 1-pc Arms Vault room 135
pm	9891	7131		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
pm	9891	7726		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx14H
pm	9708	6418		J-1502000-18 1-pc Motion Sensor
pm	9753	6738		J-1502000-20 1-pc Compressed Air System PM Filter Annual, Testing & Insp 3-yr
pm	9814	7416		J-1502000-45 12-pc Flood Light, Pole Mounted
pm	9885	7125		J-1502000-28 2-pc Booster Pump, Domestic Water
pm	9885	7591		J-1502000-49 1-pc Single Gate Manual Sliding Exterior
pm	9885	7858		J-1502000-52 8-pc Overhead Door, Steel, Roll Up, 14Wx14H

CERTIFICATION OF WORK

To be signed by the Contractor:

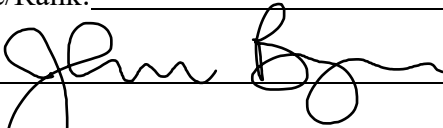
Print Name: Chris Sargent Date: 7-6-19


Signed: _____

To be signed by Facility Manager:

*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:

Print Name/Rank: _____ Date: _____

Signed:  _____

E-Mail:  _____