

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 timeline:

CERTIFICATION OF WORK

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

FACID/Building: WV010-01 _____

Date of Visit: 6-12-19

Contractor Personnel on Site:

1. Chris Sargent 2. _____

Work Performed:

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

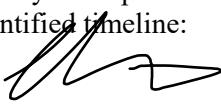
PM/SO	WO #	Asset #	PM #	Asset Description
PM	8490	3049	FQ-3049	J-1502000-04 1-pc Air Handler Quarterly Filter PM
PM	8619	6790	PM-QT-6803	J-1502000-23 1-pc Freezer, 2 Section, Reach In, Electric
PM	8619	6803	PM-QT-6803	J-1502000-23 1-pc Ice Maker Machine Annual Filter PM
PM	8619	6911	PM-QT-6803	J-1502000-23 2-pc Refrigerator, 2 Section
PM	8619	7071	PM-QT-6803	J-1502000-27 Water Heater
PM	8802	3049	PM-SA-6687	J-1502000-04 1-pc Air Handler Quarterly Filter PM
PM	8802	3278	PM-SA-6687	J-1502000-04 1-pc Condensing Unit
PM	8802	3279	PM-SA-6687	J-1502000-04 1-pc Condensing Unit
PM	8802	5047	PM-SA-6687	J-1502000-14 1-pc Dehumidifier
PM	8564	7416	PM-MO-7416	J-1502000-45 12-pc Flood Light, Pole Mounted
PM	8700	7067	PM-QT-7067	J-1502000-27 Water Heater
PM	8765	3210	PM-SA-6540	J-1502000-04 1-pc Chiller

CERTIFICATION OF WORK

To be signed by the Contractor:

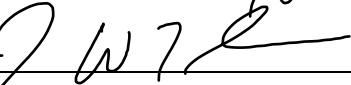
Print Name: Chris Sargent Date: 6-12-19

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 timeline:

Signed: 

To be signed by Facility Manager:

Print Name/Rank: Thomas John SGT Date: 6-12-19

Signed: 

E-Mail: john.w.thomas//mil@mail.mil