

*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: WV014-01 _____ Date of Visit: 7-2-16

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
<u>pm</u>	9673	6509		J-1502000-18 5-pc Motion Sensor
<u>pm</u>	9754	6739		J-1502000-20 1-pc Compressed Air System PM Filter Annual, Testing & Insp 3-yr
<u>pm</u>	9775	7911		J-1502000-55 1-pc Arms Vault room 17
<u>pm</u>	9775	7912		J-1502000-55 1-pc Arms Vault room 19
<u>pm</u>	9849	7470		J-1502000-45 7-pc Flood Light, Pole Mounted
<u>pm</u>	9897	7137		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
<u>pm</u>	9897	7592		J-1502000-49 1-pc Single Gate Manual Sliding Exterior
<u>pm</u>	9897	7625		J-1502000-49 1-pc Single Gate Manual Swinging Exterior
<u>pm</u>	9897	7626		J-1502000-49 1-pc Single Gate Manual Swinging Exterior
<u>pm</u>	9897	7835		J-1502000-52 3-pc Overhead Door, Steel, Roll Up, 14Wx14H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Sargent Date: 7-2-16

Signed: [Signature]

To be signed by Facility Manager:

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Print Name/Rank

Date:

Signed:

E-Mail: