

CERTIFICATION OF WORK

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

FACID/Building: WV016-01 _____ Date of Visit: 14 February 2019

Contractor Personnel on Site:

1. Patrick Davis 2. _____

Work Performed:

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

Asset #	Qty	Asset Description
7367	6794	J-1502000-23 1-pc Freezer, 2 Section, Reach In, Electric
7367	6814	J-1502000-23 1-pc Ice Maker Machine Filter Feb
7367	6914	J-1502000-23 2-pc Refrigerator, 4 Section
7435	7051	J-1502000-27 1-pc Water Heater Rm 124

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To be signed by the Contractor:

Print Name: Patrick Davis Date: 14 February 2019

Signed: Patrick Davis

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: R. Britch Eric Date: 20190214

Signed: [Signature]

E-Mail: eric.britch.ctr@mail.ms

NO FTS onsite