

CERTIFICATION OF WORK

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

FACID/Building: WV029-01 _____ Date of Visit: 8 February 2019

Contractor Personnel on Site:

1. Patrick Davis 2. _____

Work Performed:

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

| W/O # | Asset # | Asset Description |
|-------|---------|--|
| 7343 | 7563 | J-1502000-49 Manual Gate |
| 7370 | 6818 | J-1502000-23 1-pc Ice Maker Machine Filter Feb |
| 7331 | 7464 | J-1502000-45 5-pc Flood Light, Pole Mounted |
| 7331 | 7564 | J-1502000-49 1-pc Manual Gate |
| 7442 | 7079 | J-1502000-27 Water Heater |

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To be signed by the Contractor:

Print Name: Patrick Davis Date: 8 February 2019Signed: 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: SSG West, Devon Date: 8 February 2019Signed: Devon WestE-Mail: devron.l.west.mil@mail.mil