

## 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

## CERTIFICATION OF WORK

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, Devron Date: 8 February 2019Signed: Devron WestE-Mail: devron.l.west.mil@mail.mil