

CERTIFICATION OF WORK

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

FACID/Building: WV029-01 _____ Date of Visit: 12/19/18

Contractor Personnel on Site:

1. Patrick Davis 2. _____

Work Performed:

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

Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	6509	7563	PM-MO-7563	J-1502000-49 Manual Gate
	6745	4555	PM-SA-4555	J-1502000-08 3-pc Unit Heater, Electric, Suspended
	6745	4619	PM-SA-4555	J-1502000-08 7-pc Unit Heater, Gas, Suspended
	6497	7464	PM-MO-7464	J-1502000-45 5-pc Flood Light, Pole Mounted
	6497	7564	PM-MO-7464	J-1502000-49 1-pc Manual Gate
	6622	8080	PM-QT-8080	J-1502000-57 4-pc Overhead Vehicle Exhaust System
	6722	4276	PM-SA-4276	J-1502000-08 1-pc Unit Heater, Gas, Suspended
	6722	4604	PM-SA-4276	J-1502000-08 5-pc Unit Heater, Electric, Suspended

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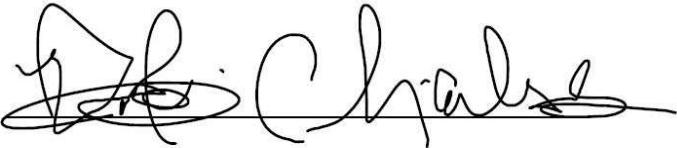
To be signed by the Contractor:

Print Name: Patrick Davis Date: 12/19/18
Signed: Pat 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: Charles Jenkins 297 Date: 2018115

Signed: 

E-Mail: _____