

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: VA049 Date of Visit: 1.08.2021

Contractor Personnel on Site:

1. <u>Richard Walker</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. wo 13196 FQ, 13282 PMQ, 13197 PMQ, 13208 PFQ, 13198 FQ, 13209 PFQ, 13276 PMM
2. filters expansion tank, pole lights
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 1.08.2021

Signed: Richard Walker

To be signed by Facility Manager:

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 timeline:

Print Name/Rank: Chris Chipp Date: 1.08.2021

Signed: Chris Chipp

E-Mail: _____