

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA049 Date of Visit: 3/19/21

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#s 13765, 13763, 13769, 13669, 13799, 13670,
13681, 13764, 13774, 13671, 13682, 13720, 13739,
 2. 13765, 13775, 13793
 3. _____
 4. _____
 5. Asset# 3y129, 3y130, 3y131, 2317, 3y127, 3y128, 2324,
2326, 3y217, 3y218, 3y219, 3y220, 3y278, 3y355, 3y233,
3y234, 3y235, 2332, 2333, 3y279, 3y280, 2340, 2341, 3y281,
3y282, 3y283, 3y260
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 3/19/21

Signed: 

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 Chipps Date: 3/19/21

Signed: 

E-Mail: _____