

CERTIFICATION OF WORK

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

FACID/Building: VA001-01 Date of Visit: 1-3-18

Contractor Personnel on Site:

1. FSG 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	6967	7129		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6967	7722		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx14H
	7020	7682		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 12Wx12H
	7020	7682		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 12Wx12H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-3-18Signed: Andy Bird

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: Vickie Bennett Date: 1-3-18Signed: Vickie Bennett

E-Mail: _____