

CERTIFICATION OF WORK

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

FACID/Building: Abingdon Res. Ctr. Date of Visit: 1-23-19
#16797

Contractor Personnel on Site:

1. Todd Sickles 2. Brian Wilson

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
<u>16797</u>				<u>Control System issue</u>
				<u>The JACE needs</u>
				<u>to be replaced with</u>
				<u>updated software.</u>
				<u>Can not connect</u>
				<u>to JACE.</u>

Inspection of controls system. Hybrid Honeywell/Trane

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To be signed by the Contractor:

Print Name: Brian Wilson Date: 1-23-19

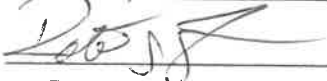
Signed: [Signature]

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: ^{SFC} ROBERT DEMEO Date: JAN 23 2019

Signed: 

E-Mail: ROBERT.J.DEMEO.MIL@MAIL.MIL