

### CERTIFICATION OF WORK

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

FACID/Building: Suffolk USARC Date of Visit: Nov 8-9, 2018

Contractor Personnel on Site:

1. Wootley Cripe 2. \_\_\_\_\_

Work Performed: turned power off at main breaker, turned back on and checked for damage at facility.

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

PM/SO	WO #	Asset #	PM #	Asset Description
	6459			Facility power/sewer room lost power. Requested to have main breaker turned off to protect facility from receiving further damage. Lost 1 phase of power from Dominion side, was going to lose 2 other phases. Returned to turn main breaker back on after power was restored by power company.

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To be signed by the Contractor:

Print Name: Jeff Hobbs Date: 4 Dec 18

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above-named individuals representing the Contractor arrived on site and to the





VL33  
N0016

NOTICE  
DO NOT ATTEMPT TO REPAIR OR  
REPLACE ANY PART OF THIS  
EQUIPMENT WITHOUT THE  
ASSISTANCE OF A QUALIFIED  
TECHNICIAN. FAILURE TO DO SO  
MAY RESULT IN DAMAGE TO  
THE EQUIPMENT OR INJURY TO  
PERSONNEL.

CAUTION  
DO NOT  
REPLACE EQUIPMENT  
WITHOUT THE  
ASSISTANCE OF A QUALIFIED  
TECHNICIAN.