

CERTIFICATION OF WORK

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

FACID/Building: VA010-02 _____ Date of Visit: 1-2-18

Contractor Personnel on Site:

1. ISC 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	7023	7697		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 12Wx24

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To be signed by the Contractor:

Print Name: Andy Bird Date: 1-2-18Signed: Cindy 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: Jason Belcher RFOS Date: 1/2/19Signed: Jason BelcherE-Mail: Jason.m.belcher.11V@mail.mil