

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. ISG 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 |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-2-18
Signed: 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: Jason Belcher RFOS Date: 1/2/19
Signed: Jason Belcher
E-Mail: Jason.m.belcher.MIV@mail.mil