

CERTIFICATION OF WORK

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

FACID/Building: VA039 _____ Date of Visit: 1-14-19

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
	6968	7130		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6968	7667		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 10Wx10H
	6968	7725		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx14H
	6891	7415		J-1502000-45 10-pc Flood Light, Pole Mounted Fluorescent
	6891	7445		J-1502000-45 3-pc Double Light, Pole Mounted Aluminum Fluorescent

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To be signed by the Contractor:

Print Name: Andy Bird Date: 1-14-19Signed: 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: Travis Johnson/SSG Date: 14 Jan 2019Signed: [Signature]E-Mail: Travis.a.johnson58.mil@mail.mil