

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

FACID/Building: VA051-01 Date of Visit: 1-8-19

Contractor Personnel on Site:

1. TSG 2. _____

Work Performed:

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

Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	6981	7148		J-1502000-28 3-pc Circulating Pump, Domestic Hot Water cap 5X7
	6981	7696		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 12Wx20H
	7078	8030		J-1502000-56 5-pc Overhead Door, Steel, Roll Up, 24Wx14H
	7076	7965		J-1502000-56 1-pc Overhead Door, Steel, Roll Up, 10Wx10H
	7075	7963		J-1502000-56 1-pc Overhead Door, Steel, Roll Up, 10Wx10H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-8-19
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: Robert Farmer GS-09 Date: 20190108
Signed: Robert Farmer
E-Mail: Robert.F.A.Farmer.CIV@mai.l.mil