

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

FACID/Building: _____ Date of Visit: 1-15-19

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
	6974	7136		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6974	7693		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 12Wx14H
	6916	7450		J-1502000-45 3-pc Flood Light, Pole Mounted Aluminum
	7003	7589		J-1502000-49 1-pc Single Gate Manual Sliding Exterior
	7003	7845		J-1502000-52 4-pc Overhead Door, Steel, Roll Up, 14Wx14H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-15-19
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: Paul Crouse GS9 Date: 1-15-19
Signed: Paul Crouse

E-Mail: Paul.e.crouse.sir@mail.mil