

CERTIFICATION OF WORK

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

FACID/Building: WV005-01 _____ Date of Visit: 1-16-19

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:**Preventive Maintenance -** (Annual, Quarterly, Monthly, equipment identification, etc.)**Service Orders -**

PM/SO	WO #	Asset #	PM #	Asset Description
	7021	7683		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 12Wx12H
	6912	7444		J-1502000-45 3-pc Double Light, Pole Mounted Aluminum
	6912	7474		J-1502000-45 9-pc Flood Light, Pole Mounted Aluminum
	7004	7590		J-1502000-49 1-pc Single Gate Manual Sliding Exterior
	7004	7818		J-1502000-52 2-pc Overhead Door, Steel, Roll Up, 12Wx14H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

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: Mullins, Farley Date: _____Signed: Mullins, Farley

E-Mail: _____