

CERTIFICATION OF WORK

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

FACID/Building: WV006 _____ Date of Visit: 1-22-19

Contractor Personnel on Site:

1. ISC 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	6955	7112		J-1502000-28 1-pc Circulating Pump, Domestic Hot Water
	6955	7579		J-1502000-49 1-pc Single Gate Manual Sliding AFRC North
	6955	7580		J-1502000-49 1-pc Single Gate Manual Sliding AFRC North
	6955	7662		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 10Wx10H
	6955	7668		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 10Wx10H
	6955	7712		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx12H
	6955	7990		J-1502000-56 1-pc Overhead Kitchen Counter Door, 11Wx8H
	6983	7505		J-1502000-49 1-pc Double Gate, Manual Sliding AMSA Bldg Fence -East
	6983	7523		J-1502000-49 1-pc Double Gate, Manual Swinging AMSA Bldg Fence - North
	6983	7581		J-1502000-49 1-pc Single Gate Manual Sliding AMSA Bldg Fence - East
	6983	7582		J-1502000-49 1-pc Single Gate Manual Sliding AMSA Bldg Fence -East
	6983	7596		J-1502000-49 1-pc Single Gate Manual Sliding Marine Vehicle Repair
	6983	7615		J-1502000-49 1-pc Single Gate Manual Swinging AMSA BldgMechanical Room Access
	6983	7628		J-1502000-49 1-pc Single Gate Manual Swinging Marine VehicleRepair
	6983	7731		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx16H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-22-19

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: Lauren Slat Date: _____

Signed: Lauren Slat

E-Mail: _____