

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. ISG 2. _____

Work Performed:

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

Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	6983	7732		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx16H
	6983	7834		J-1502000-52 3-pc Overhead Door, Steel, Roll Up, 14Wx14H
	6983	7857		J-1502000-52 7-pc Overhead Door, Steel, Roll Up, 14Wx16H
	7018	7664		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 10Wx10H

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: Andy Salas Date: _____
Signed: Andy Salas

E-Mail: _____