

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

FACID/Building: WV007 _____ Date of Visit: 1-24-19

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
	6965	7127		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6965	7145		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6965	7669		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 10Wx10H
	6965	7694		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 12Wx14H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-24-19

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: MICHAEL M DODD Date: 24 JAN 2019

Signed: mm

E-Mail: _____