

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

FACID/Building: WV009 _____ Date of Visit: 2 January 2019

Contractor Personnel on Site:

1. Patrick Davis 2. _____

Work Performed:

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

Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	6931	7557		J-1502000-49 1-pc Single Gate Automatic Cantilever NW Site Gate
	7014	7639		J-1502000-49 1-pc Single Gate Manual Swinging NW Man-Gate
	7014	7793		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 8.5Wx10H
	7014	7814		J-1502000-52 2-pc Overhead Door, Steel, Roll Up, 12.5Wx14H
	7014	7856		J-1502000-52 7-pc Overhead Door, Steel, Roll Up, 12.5Wx14H
	7014	7964		J-1502000-56 1-pc Overhead Door, Steel, Roll Up, 10Wx10H
	7070	7853		J-1502000-52 6-pc Overhead Door, Steel, Roll Up, 10Wx10H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Davis Date: 2 January 2019
Signed: Patrick Davis

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: Freeman Michael Date: 2 Jan 19
Signed: Freeman Michael

E-Mail: _____