

CERTIFICATION OF WORK

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

FACID/Building: WV010 _____ Date of Visit: 3 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
	6969	7131		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6969	7726		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx14H
	6892	7416		J-1502000-45 12-pc Flood Light, Pole Mounted
	6963	7125		J-1502000-28 2-pc Booster Pump, Domestic Water
	6963	7591		J-1502000-49 1-pc Single Gate Manual Sliding Exterior
	6963	7858		J-1502000-52 8-pc Overhead Door, Steel, Roll Up, 14Wx14H

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To be signed by the Contractor:

Print Name: Patrick Davis Date: 3 January 2019Signed: 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: Johnnie Berger Date: ES09Signed: Johnnie Berger

E-Mail: _____