

CERTIFICATION OF WORK

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

FACID/Building: WV014 _____ Date of Visit: 4 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
	6927	7470		J-1502000-45 7-pc Flood Light, Pole Mounted
	6975	7137		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6975	7592		J-1502000-49 1-pc Single Gate Manual Sliding Exterior
	6975	7625		J-1502000-49 1-pc Single Gate Manual Swinging Exterior
	6975	7626		J-1502000-49 1-pc Single Gate Manual Swinging Exterior
	6975	7835		J-1502000-52 3-pc Overhead Door, Steel, Roll Up, 14Wx14H

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To be signed by the Contractor:

Print Name: Patrick Davis Date: 4 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: SFC Bruce Haefke Date: 4 Jan 19
Signed: SFC Bruce Haefke

E-Mail: _____