

CERTIFICATION OF WORK

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

FACID/Building: WV016 _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	6970	7132		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6970	7595		J-1502000-49 1-pc Single Gate Manual Sliding Main Entrance
	6970	7734		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx20H
	6970	7805		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 8Wx8H
	6970	7970		J-1502000-56 1-pc Overhead Door, Steel, Roll Up, 11Wx5H
	6970	7978		J-1502000-56 1-pc Overhead Door, Steel, Roll Up, 3Wx5H
	6956	7113		J-1502000-28 1-pc Circulating Pump, Domestic Hot Water
	6956	7606		J-1502000-49 1-pc Single Gate Manual Sliding North and South
	6956	7648		J-1502000-49 1-pc Single Gate Manual Swinging South POV Entrance
	6956	7851		J-1502000-52 4-pc Overhead Door, Steel, Roll Up, 20Wx15H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

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: _____ Date: _____

Signed: _____

E-Mail: _____