

CERTIFICATION OF WORK

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

FACID/Building: WV022 _____ Date of Visit: 16 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
	6961	7123		J-1502000-28 2-pc Booster Pump, Domestic Water
	6961	7670		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 10Wx10H
	6961	7727		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx14H
	6976	7138		J-1502000-28 2-pc Circulating Pump, Domestic Hot Water
	6976	7593		J-1502000-49 1-pc Single Gate Manual Sliding Exterior
	6976	7594		J-1502000-49 1-pc Single Gate Manual Sliding Exterior
	6976	7846		J-1502000-52 4-pc Overhead Door, Steel, Roll Up, 14Wx14H

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Davis Date: 16 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: John Gullette Date: 20190116

Signed: [Signature]

E-Mail: _____

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