

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

FACID/Building: WV024 \_\_\_\_\_ Date of Visit: 1-29-19

Contractor Personnel on Site:

1. TSB 2. \_\_\_\_\_

**Work Performed:**

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

PM/SO	WO #	Asset #	PM #	Asset Description
	7046	7797		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 8Wx15H
	7046	7798		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 8Wx8H
	6905	7435		J-1502000-45 2-pc Double Light, Pole Mounted Aluminum LED
	6989	7522		J-1502000-49 1-pc Double Gate, Manual Sliding, Cantilever NW Exterior Perimeter
	6989	7637		J-1502000-49 1-pc Single Gate Manual Swinging NE Exterior
	6989	7844		J-1502000-52 4-pc Overhead Door, Steel, Roll Up, 12Wx17.5H

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-29-19

Signed: Andy Bird

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: D. TROUT Date: \_\_\_\_\_

Signed: D. Trout

E-Mail: Donald.C.Trout.civ@mail.mil