

CERTIFICATION OF WORK

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

FACID/Building: WV029

Date of Visit: 11 January 2019

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
	6934	7563		J-1502000-49 Manual Gate
	6977	7672		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 10Wx12H
	6977	7728		J-1502000-52 1-pc Overhead Door, Steel, Roll Up, 14Wx14H
	6922	7464		J-1502000-45 5-pc Flood Light, Pole Mounted
	6922	7564		J-1502000-49 1-pc Manual Gate
	6978	7847		J-1502000-52 4-pc Overhead Door, Steel, Roll Up, 14Wx14H

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To be signed by the Contractor:

Print Name: Patrick Davis Date: 11 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: Devron West, SSG Date: 11 Jan 2019Signed: Devron WestE-Mail: devron.l.west.mil@mail.mil