

## CERTIFICATION OF WORK

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

FACID/Building: WV035

Date of Visit: 1-10-19

Contractor Personnel on Site:

1. ISG 2. \_\_\_\_\_

## Work Performed:

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

PM/SO	WO #	Asset #	PM #	Asset Description
	7074	7887		J-1502000-54 1-pc Key pad entrance pad
	7071	7855		J-1502000-52 6-pc Overhead Door, Steel, Roll Up, 17Wx15H

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-10-19  
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: Calloway, Shawn SSG Date: 1-10-19  
Signed: Shawn Calloway

E-Mail: \_\_\_\_\_