

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 |

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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: _____