

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

FACID/Building: WV 053

Date of Visit: 9/25/19

Contractor Personnel on Site:

1. Tony Green
2. Jim Green
3. _____

4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|-----------------|--------------|
| 1. <u>10810</u> | <u>10936</u> |
| 2. <u>10827</u> | <u>10922</u> |
| 3. <u>10961</u> | <u>10811</u> |
| 4. <u>10812</u> | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Green

Date: 9/25/19

Signed: [Signature]

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Aaron M. Crum WS-09

Date: 25 SEP 19

Signed: [Signature]

E-Mail:

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

FACID/Building: WU 053-01

Date of Visit: 9/25/19

Contractor Personnel on Site:

1. Tony Lezans
2. Jim Gertje
3. _____

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 10718
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lezans Date: 9/25/19

Signed: [Signature]

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Aaron M. Crum WS-09 Date: 25 SEP 19

Signed: [Signature]

E-Mail: _____