

CERTIFICATION OF WORK

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

FACID/Building: WV024
Lewisburg, WV

Date of Visit: 3-20-18

Contractor Personnel on Site:

1. James Starcher 2. _____

Work Performed:

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

1. WO# Back flow check

Service Calls - Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: James Starcher Date: 3-20-18

Signed: 

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: Mr. Donald Trout Date: _____

Signed: 

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

304-647-3206 X2