

## 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 Starc her 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# \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: James Starc her Date: 3-20-18

Signed: James Starc her

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: Donald Trout

E-Mail: donald.c.trout.civ@mail.mil

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