



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

FACID/Building: _____ Date of Visit: 1-10-19

Contractor Personnel on Site: _____

1. Gathered information on the pump, call water

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) header got price on replacement and to replace the pump

1. WO# 7155

Service Calls - Service Call Number and Description

1. CSS# 16117

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bojan Martinovich Date: 1-10-19

Signed: Bojan Martinovich

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: Terrica V West/Spc Date: _____

Signed: Terrica V West

E-Mail: terrica.v.west.mil@mail.mil



