

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

FACID/Building: WV005

Date of Visit: 10/15/2018

Contractor Personnel on Site:

1. James Starcher CTS

2. ISG

Work Performed:

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

1. WO# 153962

Service Calls - Service Call Number and Description

1. CSS# WO# 5342,5343,5344,5345

2. CSS#

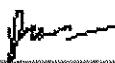
3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: James Starcher

Date: 10/15/2018

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: SSG LARRY SALAI

Date: 10/15/2018

Signed: 

E-Mail: LARRY.G.SALAI.MIL@MAIL.MIL

