

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

FACID/Building: VA001 Date of Visit: 7-19-18

Contractor Personnel on Site:

1. 1 2. \_\_\_\_\_

**Work Performed:**

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

1. WO# \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. CSS# 14683 found compressor on unit grounded and bad Compressor needs replaced. \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Stacy Duty Date: 7-19-18

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: Vickie Bennett GS09 Date: 7-19-18

Signed: \_\_\_\_\_

E-Mail:  
vickie.l.bennett.civ@mail.mil



