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

FACID/Building: VA048 Date of Visit: 4 25 -19
Contractor Personnel on Site:
1. Sean Watson 2. _____

Work Performed:

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

1. WO# 18243

Service Calls – Service Call Number and Description

1. CSS# 18243
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sean Watson Date: 4-25-19

Signed: Sean K Watson

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: ANDREW CAMPBELL Date: 25 APR 19

Signed: _____

E-Mail: andrew.r.campbell.mil@mail.mil


Amana