

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

FACID/Building: VA039

Date of Visit: 5/28/2024

Contractor Personnel on Site:

1. Casto Tech

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

**Work Performed:**

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

1. WO# 208945

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

1. CSS# 94602

2. CSS# \_\_\_\_\_

3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Shawn Shelton Date: 5/28/2024

Signed: Shawn Shelton

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: Thelma Speight Date: 5/28/2024

Signed: Thelma Speight

E-Mail: thelma.y.speight.civ@army.mil