

CERTIFICATION OF WORK

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

Dublin / FACID/Building: VA 012 Date of Visit: 7-2-24
New River Valley Memorial

Contractor Personnel on Site:

1. CASTE TECH, / M BASS 2. _____

Work Performed:

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

1. Looked AT Pot Feeder And How To Fix IT. will quote IT.

Service Calls – Service Call Number and Description

1. CSS# WB # 16137
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MARK BASS Date: 7-2-24

Signed: Mark Bass

To be signed by Facility Manager:

By signing the Certification of Work, 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. This is NOT a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Bridgett Johnson, SSG Date: 2 July 2024

Signed: Bridgett Johnson

E-Mail: bridgett.a.johnson.mil@annvymil