

CERTIFICATION OF WORK

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

FACID/Building: WV005

Date of Visit: 7/25/18

Contractor Personnel on Site:

1. Shawn V. Shelton 2. _____

Work Performed:

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

1. WO# 152207

Service Calls – Service Call Number and Description

1. CSS# 14538
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn V. Shelton Date: 7/25/18

Signed: Shawn V. 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: Gallimore Thelma CS09 Date: 25July18

Signed: Thelma Gallimore

E-Mail: thelma.j.gallimore.civ@mail.mil