

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

FACID/Building: WV010 Date of Visit: 10/26/2018

Contractor Personnel on Site:

1. Robert Gifford 2. _____

Work Performed:

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

1. WO# 154307

Service Calls – Service Call Number and Description

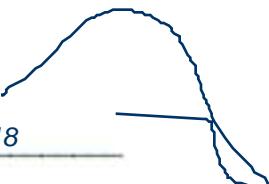
1. CSS# 15422
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Robert Gifford Date: 10/26/2018

Signed: 



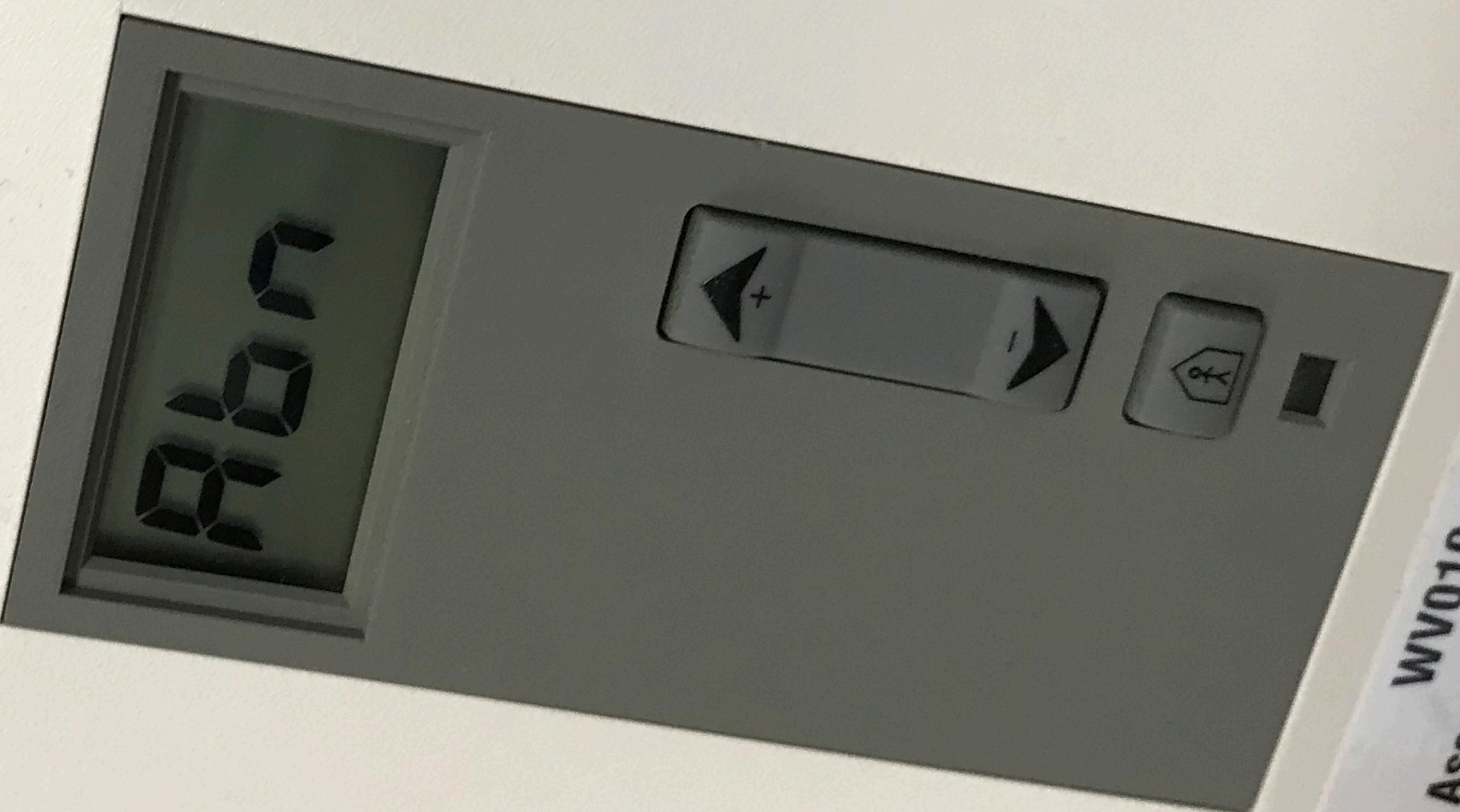
To be signed by Facility Manager:

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: John Thomas/SGT Date: 10/26/2018

Signed: 

E-Mail: john.w.thomas11.mil@mail.mil



WV010-001
Asset#5360 T-Stat-11