

CERTIFICATION OF WORK

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

FACID/Building: VA010-01

Date of Visit: 1-2-18

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

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

Service Orders -

PM/SO	WO #	Asset #	PM #	Asset Description
	6699	4193	PM-SA-4193	
	6611	8066	PM-QT-8066	
	6611	8071	PM-QT-8066	
	6740	4513	PM-SA-4513	

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-2-18

Signed: Andy Bird

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: JASON BELCHER, RFOS Date: 1/2/19

Signed: Jason Belcher

E-Mail: jason.m.belcher.civ@mail.mil