

## CERTIFICATION OF WORK

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

FACID/Building: VA0010 Date of Visit: 2-4-20  
Contractor Personnel on Site:1. Brad Williams 2. \_\_\_\_\_

## Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)1. WO# 10131

## Service Calls – Service Call Number and Description

1. CSS# 13430

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

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

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brad Williams Date: 2-4-2020Signed: Brad Williams

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: Donald L. Huson Date: 07 FEB 2020Signed: DL HusonE-Mail: Donald.L.Huson.CTR@mail.mil

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TEST PRESS

LS-140  
HS-235



ELKAY MANUFACTURING COMPANY  
BROADVIEW, ILLINOIS

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PUSH

