

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

FACID/Building: VAF009

Date of Visit: 6/4/19

Contractor Personnel on Site:

1. Troy CRAIG

2. JACOB LONG

Work Performed:

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

1. WO#

Service Calls – Service Call Number and Description

1. CSS# 13655 NO A.C. in building

2. CSS#

3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy CRAIG Date: 6/4/19
Signed: Troy CRAIG

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: Angela W. Williams Date: 6/4/19

Signed: Angela W. Williams

E-Mail: Angela.W.Williams.CTR@MAD.MIL