

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

FACID/Building: VA009

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# \_\_\_\_\_

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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:

AW Williams

E-Mail:

Angela.W.Williams,CTR@MAD.mil