

CERTIFICATION OF WORK

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

FACID/Building: VA033

Date of Visit: 2/22/19

Contractor Personnel on Site:

1. Mike M

2. _____

Work Performed:

CSS# 15300

unclogged storm drain.

Please take pictures

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike M Date: 2/22/19

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: _____ Date: 2-22-19

Signed: 

E-Mail: _____

1102001 (11-1001)

