

CERTIFICATION OF WORK

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

FACID/Building: VA006

Date of Visit: 3/4/19

Contractor Personnel on Site:

1. Mike M

2. _____

Work Performed:

CSS # 16558

Adjusted FES Sensor Settings.

Please take pictures

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike M Date: 3/4/19

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: Jason West Date: 3-4-19

Signed: 

E-Mail: _____

