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

FACID/Building: WV009 AMSA 102-G
269 ARMORY RD.
CLARKSBURG, WV. 26301

Date of Visit: 12/11/18

Contractor Personnel on Site:

1. Steven Tregear 2. _____

Work Performed:

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

1. WO# 155213

Service Calls – Service Call Number and Description

1. CSS# 16758
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steve Tregear Date: 12/11/18

Signed: SET

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: John E Cassidy Date: 11 DEC 18

Signed: John E Cassidy

E-Mail: John.E.Cassidy.civ@mail.mil