

CERTIFICATION OF WORK

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

FACID/Building: VA50 Date of Visit: 6/10/20  
Contractor Personnel on Site:

1. Jeremy 2. Jason

Work Performed:

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

1. WO# 12322

Service Calls – Service Call Number and Description

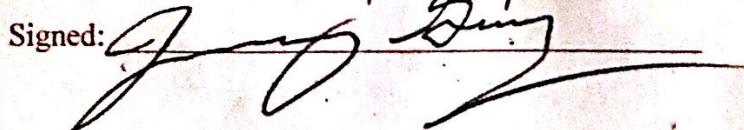
1. CSS# 25194
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

Compressor Change Out

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Gray Date: 6/10/20

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: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

