

CERTIFICATION OF WORK

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

FACID/Building: 80th

Date of Visit: 7/15/21

Contractor Personnel on Site:

1. Mose's 2. _____

Work Performed: General Inspection of systems

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

1. WO# 31589

Service Calls – Service Call Number and Description

1. CSS# CHILLER SENSOR & TRANSDUCER repl. / Com 0158143
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: E. WARE Date: 7/15/21

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: MARK ANDERSON GS-12 Date: 15 July 21

Signed: _____

E-Mail: mark.s.anderson7.mil@mail.mil



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