

FACID/Building: VA 49 Date of Visit: 7/28/22
Contractor Personnel on Site:

1. EARL WARE 2. _____

Work Performed: General Inspection of systems

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

1. WO# 16921

Service Calls – Service Call Number and Description

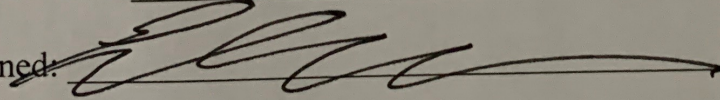
1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

INSTALLED REPLACEMENT SENSOR, STARTED & VERIFIED OPS.
ON BAILER #4

To be signed by the Contractor:

Print Name: EARL WARE Date: 7/28/22

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: Mr Mark Anderson, GS-13 Date: 28 July 2022

Signed: 