

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

FACID/Building: VA-099 Date of Visit: 09/10/2019
Contractor Personnel on Site:

1. Brandon Throed 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS#	<u>W0# 9658</u>	<u>PM# FQ-2385</u>
2. CSS#	<u>W0# 10102</u>	<u>PM# QT-1613</u>
3. CSS#	<u>W0# 10102</u> <u>W0# 10102</u>	<u>PM# QT-1613</u> <u>PM# QT-1613</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brandon Throed Date: 09/10/2019

Signed: Brandon Throed

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: Donald Wilson MTS Date: 10 Sept 19

Signed: Donald Wilson

E-Mail: _____