

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

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Brandon Hurd

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: James H. Hurd Date: 10 Sept 19

Signed: [Signature]

E-Mail: _____