

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

FACID/Building: WV029

Date of Visit: 8/17/2023

Contractor Personnel on Site:

1. Blane Mayle

2. _____

Work Performed:

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

1. WO# 12304

Service Calls – Service Call Number and Description

1. CSS# 92190
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Blane Mayle Date: 8/17/2023

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: Tyler Young Date: 8/17/2023

Signed: 

E-Mail: tyler.e.young.mil@army.mil