CERTIFICATION OF WORK

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

FACID/Building: VA001 Date of Visit: 7-16-19

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

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

1. WO# 4-6821

Service Calls – Service Call Number and Description

1. CSS# 166668 - Ft McCoy detected no power in
2. CSS# vault and running their 24hr
3. CSS# back up battery - Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Boyd Date: 7-16-19

Signed Andy Boyd

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: Vickie Bennett Date: 7/16/19

Signed: Vickie Bennett

E-Mail: _____

SECURED
CLOSED
ALARM SYSTEM
ALARM SYSTEM