

CERTIFICATION OF WORK

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

FACID/Building: VA006 Date of Visit: 3-7-19

Contractor Personnel on Site:

1. Wesley Wood 2. William Spencer

**Work Performed:**

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

1. WO# COM0100050

**Service Calls – Service Call Number and Description**

1. CSS# 17548

2. CSS# \_\_\_\_\_

3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Wesley Wood Date: 3-7-19

Signed: Wesley Wood

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: David Hinson AFOS Date: 07 Mar 19

Signed: David Hinson

E-Mail: \_\_\_\_\_