

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# COMO100050

Service Calls - Service Call Number and Description

1. CSS# 17548  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Wesley Wood Date: 3.7.19

Signed: [Signature]

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: [Signature] AFOS Date: 07 Mar 19

Signed: [Signature]

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