

CERTIFICATION OF WORK

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

FACID/Building: VA009 Date of Visit: 11/5/18
Contractor Personnel on Site:

1. Jacob Long 2. _____

Work Performed: **Installed (2) temperature and pressure relief valves for boilers to pass inspection.**

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

1. WO# 5909/5910

Service Calls - Service Call Number and Description

1. CSS# 5909
2. CSS# 5910
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jacob Long Date: 11/5/18

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: ST. Myer SFC Date: 11/5/18

Signed: [Signature]

E-Mail: gkan.p.stmyer.mil@mail.mil