

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

FACID/Building: VA049 Date of Visit: 1/28/19

Contractor Personnel on Site:

1. DOUGLAS EBY 2. _____

Work Performed:

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

1. WO# NONE

Service Calls – Service Call Number and Description

1. CSS# 16717
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DOUGLAS EBY Date: 1/28/2019



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: SFC St. Myer Date: 1/28/2019



Signed: _____