CERTIFICATION OF WORK

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

FACID Building: VA011 Date of Visit: 11/20-21/14

Contractor Personnel on Site:

1. Troy Craig 2. _____

Work Performed:

Preventive Maintenance – Service Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# _____

Service Calls – Service Call Number and Description

1. CSR# 16529 filter replacement
2. CSR# _____
3. CSR# punch list work on Fire units

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy Craig Date: 11/21/14

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: Chris Griffis Date: 11/21/14

Signed: _____

E-Mail: _____


TC ISC
11/21/19