CERTIFICATION OF WORK

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

FACID/Building: VA033 Date of Visit: 7-16-19

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

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

1. WO# 4-7159

Service Calls – Service Call Number and Description

1. CSS# 17027 Trane Controls not operating
2. CSS# properly.
3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 7-16-19

Signed: Andy Bird

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: Bryan Beard WS09 Date: 16 Jul 19

Signed:

E-Mail: bryan.d.beard.civ@mail.mil


TRANE
11:43 AM
Tuesday
USARC Gaiser VA
Main Building Average Temp
112.25
Main Building Humidity
63.99
View
Alarms
Schedule
Timed Overrids
Setup