

CERTIFICATION OF WORK

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

FACID/Building: UA039

Date of Visit: 20181212

Contractor Personnel on Site:

1. Orville Shew
2. Aaron Rose

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 14342

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRANDAN Nowlin Date: 12-13-18

Signed: Brandon Nowlin

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: MRS McLamoney Date: 20181212

Signed: [Signature]

E-Mail: Stephanie.n.mclamoney.civ@macd.mil





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1 1/2" CRESLINE