

## 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#  

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To be signed by the Contractor:

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

Signed: Brandan 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. McNamee Date: 20181212

Signed: Stephanie N. McNamee

E-Mail: Stephanie.N.mcNamee.civ@raa1.mil





529' M22

1 1/2" CRESLINE