

CERTIFICATION OF WORK

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

FACID/Building: VAD39 Date of Visit: 9-25-18

Contractor Personnel on Site:

1. Benny Hester 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 15159
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Benny Hester Date: 9-25-18

Signed: Benny Hester

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: Travis Johnson SSG Date: 25 Sept 18

Signed: Travis Johnson

E-Mail: Travis.a.johnson58.mil@mail.mil