

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

FACID/Building: VA039 Date of Visit: 02/06/19
Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

1. WO#7166 Found mini-split system bad and needs replaced. Changed out trap under sink. Quote needed for bad mini-split.

Service Calls – Service Call Number and Description

1. CSS# 16807 _____

2. CSS# _____
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3. CSS# _____
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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Stacy Duty Date: 02/06/19

Signed: Stacy Duty

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: stephanie mctamaney
Date: 02/09/2019

Signed: stephanie mctamaney

E-Mail:

____stephanie.n.mctamaney.civ@mail.mil_____
