

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

FACID/Building: VA048

Date of Visit: 4/16/19

Contractor Personnel on Site:

1. Dariusz Cholan 2. Troy CRAIG

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# _____ A SECURITY PM'S
2. CSS# Alarm BATTERY change
3. CSS# Change code on VATE
need new lock

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dariusz Cholan Date: 4/16/19
Signed: _____

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: ANDREW CAMPBELL / SFC Date: 16 APR 19

Signed: [Signature]

E-Mail: andrew.c.campbell.mil@mail.mil