

CERTIFICATION OF WORK

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

FACID/Building: VA 048 Date of Visit: 5-17-19
Contractor Personnel on Site:

1. Sean Watson 2. _____

Work Performed:

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

1. WO# 190 98

Service Calls – Service Call Number and Description

1. CSS# ASSET # 2297
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sean Watson Date: 5/17/19

Signed: Sean B. Watson

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: Chris Jordan SFC Date: 17 MAY 19

Signed: CB

E-Mail: _____