

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

FACID/Building: VA048

Date of Visit: 4/3/19

Contractor Personnel on Site:

1. Troy CRAIG

2. \_\_\_\_\_

Work Performed:

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

1. WO# \_\_\_\_\_

Service Calls - Service Call Number and Description

1. CSS# 18244 evaluate leak / Replace ceiling tile - tightened floor  
2. CSS# \_\_\_\_\_ replaced tile  
3. CSS# \_\_\_\_\_ 2nd Floor Laburne Floor drain appears to leak

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy CRAIG

Date: 4/3/19

Signed: Troy

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 Date: 3 APR 19

Signed: [Signature]

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