

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

FACID/Building: VAphi48

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 screws  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_ 2nd floor latrine 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 C

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: AC

E-Mail: andrew.campbell@mail.mil