

## CERTIFICATION OF WORK

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

FACID/Building: VA 048 Date of Visit: 6-14-19

Contractor Personnel on Site:

1. Sean Watson 2. \_\_\_\_\_

## Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)1. WO# 19614

## Service Calls – Service Call Number and Description

1. CSS# 19614 Check PTAC Room 214 leaking  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sean Watson Date: 6-14-19Signed: 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: Andrew Campbell Date: 14 Jun 17Signed: [Signature]E-Mail: andrew.c.campbell.mil@mail.mil