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CERTIFICATION OF WORK

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

FACID/Building: VA048 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 DTAC Room 214 leaking

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sean Watson Date: 6-14-19

Signed: Sean 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 June 19

Signed: [Signature]

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