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

FACID/Building: VA049 Date of Visit: 11/28/18

Contractor Personnel on Site:

1. Troy Craig 2. Barry Wilson

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 16284 gate and card Reader Not Working
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy Craig Date: 11/28/18
Signed: _____

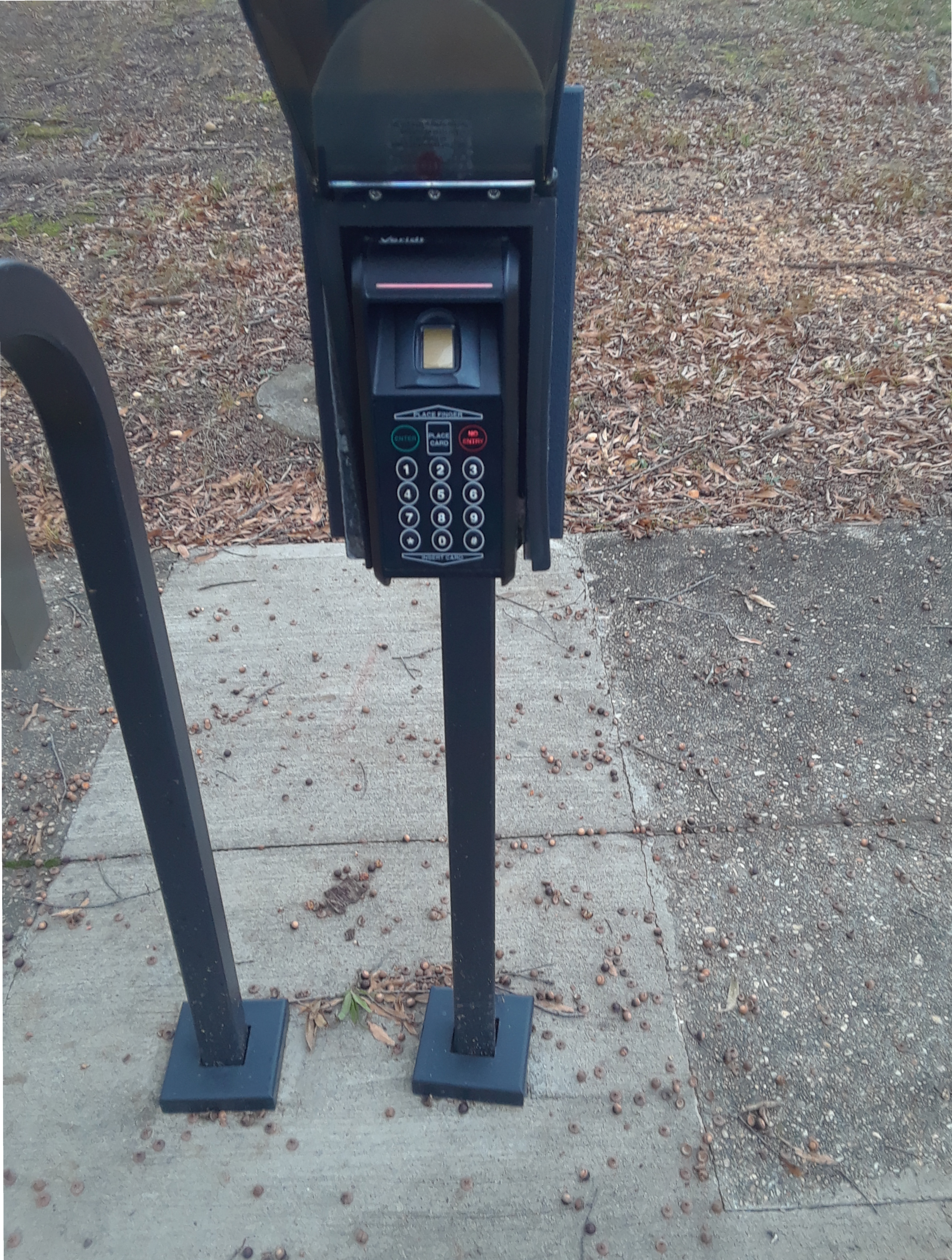
To be signed by Facility Manager:

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: MARY E. KENNEDY/MAJ Date: 30 Nov 18

Signed: _____

E-Mail: mary.e.kennedy7.mil@mail.mil


PLACE FINGER
ENTER
PLACE CARD
NO ENTRY
1
2
3
4
5
6
7
8
9
*
0
#
INSERT CARD