

CERTIFICATION OF WORK

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

FACID/Building: \_\_\_\_\_ Date of Visit: 7-12-19

Contractor Personnel on Site:

MR. HANDYMAN OF RICHMOND

1. KARL HARRELSON 2. \_\_\_\_\_

Work Performed: REPLACED MISSING INSULATION ON 1/2" REF. HVAC LINE IN DROP CEILING & REPLACED DAMAGED TILES

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

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

Service Calls – Service Call Number and Description

1. CSS# 19614

2. CSS# \_\_\_\_\_

3. CSS# \_\_\_\_\_

☒ Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: KARL HARRELSON Date: 7-12-19

Signed: Karl Harrelson

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: RFOS Scott Grenier Date: 12 July 2019

Signed: [Signature]

E-Mail: Scott.a.grenier.civ@mail.mil