

**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:

1. MR. HANDYMAN OF RICHMOND 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# 196014 \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

**Pictures are required (Before and After)**

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**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: Scott Grenier

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