

CERTIFICATION OF WORK

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

FACID/Building: VA049 Date of Visit: 10/23/19
Contractor Personnel on Site:

1. Jeremy Gray 2. Michael Watts

Work Performed:

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

1. WO# COM0118292, COM0119817, COM118661

Service Calls - Service Call Number and Description

1. CSS# 14320 Mini Split install.

2. CSS# 20816 Ductwork Modification

3. CSS# 15401

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Gray Date: 10/28/2019

Signed: Jeremy Gray

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: _____ Date: _____

Signed: _____

E-Mail: _____