

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

FACID/Building: VA049

Date of Visit: 4-11-19/4-12-19

Contractor Personnel on Site:

1. Cory Sandlin

2. \_\_\_\_\_

**Work Performed:**

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

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

**Service Calls** - Service Call Number and Description

1. CSS# 15477 - cut wall Repair/Replaced drains so men's and  
~~men's~~ Women's sinks will drain.

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

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Cory Sandlin Date: 4-12-19  
Signed: Cory Sandlin

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:

On behalf of Mr. Chris Lange

Print Name/Rank: Sean Miles/CIV Date: 20 APR 12

Signed: Sean Miles

E-Mail: Sean.W.Miles4.civ@mail.mil





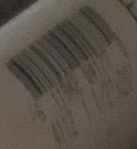








10/21/18 05:03



ENT #15 JES