

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)FACID/Building: VA049Date 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
~~women's~~ wall drains.

3. CSS# _____

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 W. Miles/CIV Date: 2019/04/12
Signed: Sean Miles
E-Mail: Sean.W.Miles4.civ@mail.mil





IN U.S.A. 10/21/18 05:03

ET. #15 JOE'S

