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

FACID/Building: VA049 Date of Visit: 2/7/19

Contractor Personnel on Site:

1. Eric Hicks 2. Trey Craig

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 17436 door will not operate
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Eric Hicks Date: 2/7/19
Signed: _____

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: Sean Miles on behalf of Christopher Lange Date: 7FEB19
Signed: _____

E-Mail: S