

CERTIFICATION OF WORK

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

FACID/Building: VA049 Date of Visit: 4-5-19

Contractor Personnel on Site:

1. Sean Watson 2. _____

Work Performed:

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

1. WO# 17747

Service Calls – Service Call Number and Description

1. CSS# 17747 Replace Circulator Pump
2. CSS# Boiler #3
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sean Watson Date: 4-5-2019

Signed: Sean Watson

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: Mark Anderson, GS-11 Date: 5 Apr 19

Signed: MSA

E-Mail: Mark.S.anderson7.mil@mail.mil