

CERTIFICATION OF WORK

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

FACID/Building: VA049 Date of Visit: 10-1-18  
Contractor Personnel on Site:

1. Cory Sandlin 2. \_\_\_\_\_

Work Performed:

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

1. WO# COM0092661 6450

Service Calls – Service Call Number and Description

1. CSS# 15477  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Cory Sandlin Date: 10-1-18

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:

Print Name/Rank: Jeff Constantine Date: 10-1-18

Signed: Jeff Constantine

E-Mail: jeffrey.a.constantine@mil.mil



