

CERTIFICATION OF WORK

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

FACID/Building: VA049

Date of Visit: 11/28/18

Contractor Personnel on Site:

1. Troy CRAIG 2. \_\_\_\_\_

Work Performed:

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

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

Service Calls – Service Call Number and Description

1. CSS# 16424 - clean air vents throughout building  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy CRAIG Date: 11/28/18  
Signed: Troy CRAIG

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/CIV Date: 2018/11/28  
Signed: Sean Miles  
E-Mail: Sean.W.Miles1.GIK@mail.mil

