

CERTIFICATION OF WORK

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

FACID/Building: VADSD

Date of Visit: 5/30/19

Contractor Personnel on Site:

1. Earl WARE

2. Troy CRAIG

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS#

100 3rd Floor not cooling

2. CSS#

3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: EARL WARE

Date: 5/30/19

Signed: [Signature]

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: Shepherd, Rodrick

Date: 30 May 19

Signed: [Signature]

E-Mail: roderrick.j.shepherd.mil@mail.mil