

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

FACID/Building: VAD/SQ

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: Earl WARE

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: J. Sheppard, Rockwick Date: 30 May 19  
Signed: J. Sheppard

E-Mail: rockwick.j.sheppard@mail.mil