

C-113936

CERTIFICATION OF WORK

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

FACID/Building: VA 050 Date of Visit: 9-16-19
Contractor Personnel on Site:

1. Cory Sanderson 2. Justin Dudley

Work Performed:

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

1. WOR

Service Calls – Service Call Number and Description

1. CSS# ~~111111~~

3. CSSII

3. CSS# 15801 Replaced pump in boiler room and installed ice machine

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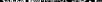
To be signed by the Contractor:

Print Name: Cord Sandlin Date: 9-16-12

Signed

To be signed by Facility Manager

I certify that the above named individuals representing the Contractor, arrived on the and in the best of my knowledge, completed the stated work listed.

Print Name or Rank: 

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