

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

CERTIFICATION OF WORK

FACID/Building: VA#49

Contractor Personnel on Site:

1. Troy Craig

Date of Visit: 10/18/18

Work Performed:

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

1. WO#

Service Calls - Service Call Number and Description

1. CSS# 13465 Replace 75 light bulbs throughout building T8, T8U6
2. CSS# 6 in Arms Room
3. CSS# 10610 Rm 1A - Replace light switch

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy Craig
Signed: Troy Craig

Date: 10/18/18

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
Signed: Sean Miles

Date: 2018/08

E-Mail: Sean.W.Miles1.mil@mail.mil

