

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

# CERTIFICATION OF WORK

FACID/Building: VA449

Contractor Personnel on Site:

Date of Visit: 10/18/18

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# 13465 Replace 75 light bulbs throughout building T8, T8UG  
6 in Arms Room
2. CSS# \_\_\_\_\_
3. CSS# 10610 Rm 1A - Replace light switch

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy CRAIG

Date: 10/18/18

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: 2018/10/18

Signed: Sean Miles

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



