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

FACID/Building: VA050 Date of Visit: 12/7/18

Contractor Personnel on Site:

1. Max Wilson 2. Troy Craig

Work Performed:

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

1. WO# 6453

Service Calls – Service Call Number and Description

1. CSS# 16137 • monitors Not working Rm 211, 1st floor common area
2. CSS# determined that monitors are working and
3. CSS# there is a wiring/communication issue

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Max Wilson Date: 12/7/18
Signed: Max Wilson

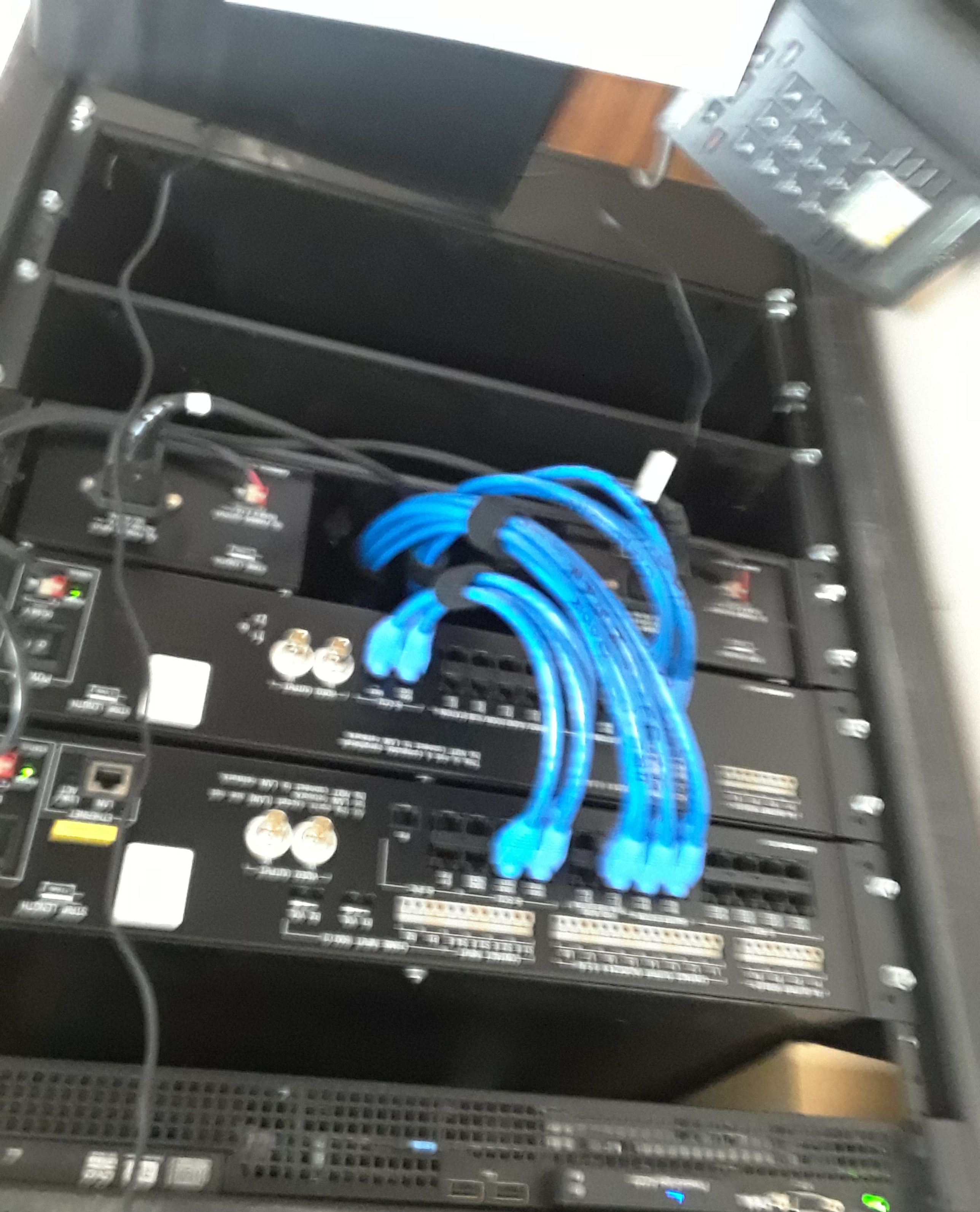
To be signed by Facility Manager:

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: Sheppard, Roderick Date: 12/7/18

Signed: RS

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



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