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

FACID/Building: VA050 Date of Visit: 11/16/18

Contractor Personnel on Site:

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# 16423 Repair leak in 1st and 3Rd toilet
2. CSS# 1st - Replace wax Ring / vacuum breaker
3. CSS# 3Rd - Replace vacuum breaker

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TROY CRAIG Date: 11/16/18
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: Brenda Delong Date: 17 Nov 18
Signed: Brenda L. Delong

E-Mail: _____