

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

FACID/Building: VA 50

Date of Visit: 5/15/19

Contractor Personnel on Site:

1. Sean Watson 2. _____

Work Performed:

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

1. WO# 8532

Service Calls - Service Call Number and Description

1. CSS# Asset # 2347 2348
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sean Watson
Signed: Sean Watson

Date: 5-15-2019

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: Angela W. Williams CTR Date: 15 May 2019

Signed: AWW

E-Mail: Angela.W.Williams.CTR@MAIL.MIL

