

CERTIFICATION OF WORK

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

FACID/Building: VA051

Date of Visit: 1-28-19

Contractor Personnel on Site:

1. RAY Chain 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 16349 Door sweeps + weather strips
2. CSS# 16373 SAFe + Floor tiles
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAY Chain Date: 1-28-19

Signed: 

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: Robert Farmer / GS-09 Date: 20190128

Signed: 

E-Mail: robert.a.farmer.civ@ma.l.mil

CERTIFICATION OF WORK

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

FACID/Building: VA051

Date of Visit: 1-29-19

Contractor Personnel on Site:

1. Ray Chain

2. _____

Work Performed:

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

1. WO# _____

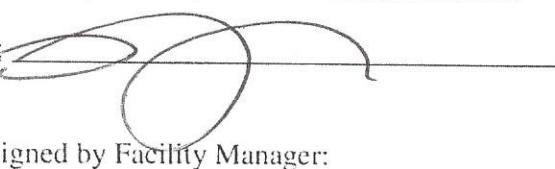
Service Calls – Service Call Number and Description

1. CSS# 16349 Door Sweeps, Weather Stripping
2. CSS# 16373 SAF & Floor Tiles
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ray Chain Date: 1-29-19

Signed: 

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: Robert Farmer / GS-05 Date: 20190126

Signed: Robert A. Farmer

E-Mail: robert.a.farmer.civ@nau.edu

CERTIFICATION OF WORK

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

FACID/Building: VAOS1

Date of Visit: 1-30-19

Contractor Personnel on Site:

1. Ray Chain 2. _____

Work Performed:

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

1. WO# _____

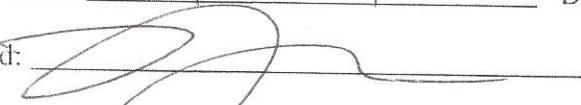
Service Calls – Service Call Number and Description

1. CSS# 16349 Door sweeps + weatherstripping
2. CSS# 16373 Floor tiles not safe
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ray Chain Date: 1-30-19

Signed: 

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: Robert Farmer Date: 20190130

Signed: _____

E-Mail: robert.a.farmer.civ@mail.mil

CERTIFICATION OF WORK

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

FACID/Building: VA051

Date of Visit: 1-31-19

Contractor Personnel on Site:

1. Ray Chain 2. _____

Work Performed:

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

1. WO# _____

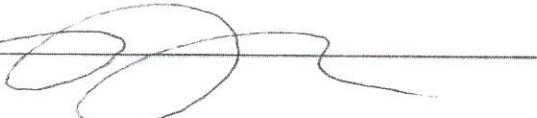
Service Calls – Service Call Number and Description

1. CSS# 16349 Door sweeps & weather stripping
2. CSS# 16373 Floor tiles & safe
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ray Chain Date: 1-31-19

Signed: 

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: Robert A. Farmer Date: 20190131

Signed: 

E-Mail: robert.a.farmer.civ@mail.mil

CERTIFICATION OF WORK

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

FACID/Building: VIA051

Date of Visit: 2-1-19

Contractor Personnel on Site:

1. Ray Chain

2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 16349 Door Sweeps & weather STRIPPY

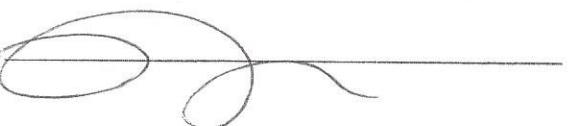
2. CSS# 16373 Floor Tiles & SAFE

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ray Chain Date: 2-1-19

Signed: 

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: Robert Farmer / GS-09 Date: 20190201

Signed: 

E-Mail: Robert.a.farmer@gsa.gov