

CERTIFICATION OF WORK

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

FACID/Building: VA051

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# _____

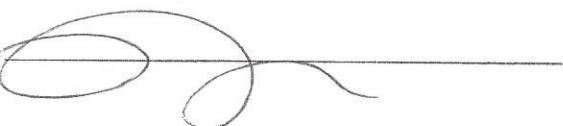
Service Calls – Service Call Number and Description

1. CSS# 16349 Door Sweeps & weather STRIPPY
2. CSS# 16373 Floor Tiles & SAFE
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

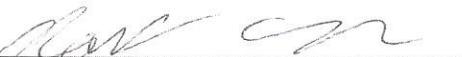
Print Name: Ray Chain Date: 2-1-19

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.Farmer@GS-09.CIV.GOV.MIL