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

FACID/Building: MV016 Date of Visit: 11JUL19

Contractor Personnel on Site:

1. GEORGE E. GRANT 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 11170
2. CSS# _____
3. CSS# (1) LOCK WAS REPAIRED, AIP DID NOT RETURN TO REPAIR (1) ADDITIONAL LOCK

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: GEORGE E. GRANT Date: 11JUL19

Signed: Geo. E. Grant

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: Eric Ritchie Date: 20190711

Signed: Eric B. Ritchie

E-Mail: _____