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

FACID/Building: WV002 Date of Visit: 7/25/18

Contractor Personnel on Site:

1. Shawn Shelton 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 14506
2. CSS# 14541
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Shelton Date: 7/25/18

Signed: Shawn V. Shelton

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: JASON BELCHER Date: 7/25/18

Signed: Jason Belcher

E-Mail: jason.m.belcher.civ@mail.mil