

CERTIFICATION OF WORK

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

FACID/Building: WV002

Date of Visit: 7-11-19

Contractor Personnel on Site:

1. ISC

2. _____

Work Performed:

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

1. WO# 4-7522

Service Calls - Service Call Number and Description

1. CSS# 14486 Replaced multiple light

2. CSS# _____ bulbs

3. CSS# _____

COMPLETED

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Reid Date: 7-11-19

Signed: Andy Reid

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: Benjamin D. SFC Date: 11 Jul 19

Signed: [Signature]

