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

FACID/Building: WV005 Date of Visit: 2/8/2019

Contractor Personnel on Site:

1. Casto Tech (Shawn Shelton) 2. _____

Work Performed:

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

1. WO# 152444

Service Calls – Service Call Number and Description

1. CSS# 14538
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn V. Shelton Date: 2/8/2019

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: _____ Date: 2/8/2019

Signed: _____

E-Mail: _____