

CERTIFICATION OF WORK

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

FACID/Building: WV005

Date of Visit: 7-10-19

Contractor Personnel on Site:

1. ISC

2. _____

Work Performed:

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

1. WO# 20038

Service Calls – Service Call Number and Description

1. CSS# 17193 GFCI outlet needs replaced
2. CSS# _____ in Male Latrine.
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 7-10-19

Signed: [Signature]

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: HENDRICKS ROBERT Date: 10 JULY 2019

Signed: [Signature]

E-Mail: _____

