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. ISG 2. _____

Work Performed:

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

1. WO# 4-7460

Service Calls – Service Call Number and Description

1. CSS# 17197 Install new shower head in
2. CSS# Female shower. Maintenance will
3. CSS# complete on next scheduled visit.

✓ COMPLETED

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Andy Bird

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: _____

Signed: _____

E-Mail: _____