

## CERTIFICATION OF WORK

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

FACID/Building: \_\_\_\_\_

Date of Visit: 1-17-19

Contractor Personnel on Site:

1. ISG

2. \_\_\_\_\_

### Work Performed:

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

1. WO# \_\_\_\_\_

### Service Calls – Service Call Number and Description

1. CSS# 14875 Installed new power disconnect  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

---

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 1-17-19

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: Matthew Boggess Wt-09 Date: 1-17-19

Signed: Matthew Boggess

E-Mail: matthew.a.boggess.civ@mail.mil