

CERTIFICATION OF WORK

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

FACID/Building: WV006

Date of Visit: 3-5-19

Contractor Personnel on Site:

1. Eric SNODGRASS / Echo 2. _____

Work Performed: Repair Toilet Womens LATRINE Room 156

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CSS# 17522

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: ERIC SWOPE Date: 3-5-19

Signed: Eve C. Stockman

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: Christopher Matthias CPT Date: 3-5-19

Signed: John Holt

E-Mail: Christopher.J.Matthai.wil@mail.wil

