

# 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 / Elco 2. \_\_\_\_\_

Work Performed: Repair Toilet WOMENS LATRINE Room 156

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

PM/SO	WO #	Asset #	PM #	Asset Description
3-5-19				REPAIR FLUSH VALVE ON WOMEN'S TOILET

## CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Christopher Matthias CPT Date: 3-5-19

Signed: [Signature]

E-Mail: Christopher.J.Matthias.mil@mail.mil



