

CERTIFICATION OF WORK

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

FACID/Building: WV009 AMSA 102-G  
269 ARMORY RD.  
CLARKSBURG, WV. 26301

Date of Visit: 12/14/18

Contractor Personnel on Site:

1. Steve Tregear 2. \_\_\_\_\_

Work Performed:

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

1. WO# 155249

Service Calls - Service Call Number and Description

1. CSS# 16725  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steve Tregear Date: 12/14/18

Signed: ST

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: John E. Carls WG09 Date: 14 DEC 18

Signed: John E. Carls

E-Mail: John.E.Carls@wv.gov

