

CERTIFICATION OF WORK

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

FACID/Building: W1009-Clarksburg Date of Visit: _____

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 14845- Eye Wash handle Replacement
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

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: Jeremy Fowler WLC09 Date: 12/18/18

Signed: 

E-Mail: jeremy.t.fowler.cve@mail.mil