

CERTIFICATION OF WORK

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

FACID/Building: wv009 Date of Visit: 12/3/2018

Contractor Personnel on Site:

1. Robert Gifford
2. Carter Householder

Work Performed:

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

1. WO# 153351

Service Calls – Service Call Number and Description

1. CSS# 15205
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Robert Gifford Date: 12/3/2018

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: Karen Hill GS07 Date: 12/3/2018

Signed: 

E-Mail: karen.y.hill2.civ@mail.mil