

## CERTIFICATION OF WORK

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

FACID/Building: WV009 AMSA 102-G Date of Visit: 12/14/18  
269 ARMORY RD.  
CLARKSBURG, WV. 26301

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# 16473  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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## 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. Casy Date: 14 DEC 18  
Signed: JEC  
E-Mail: John.E.Casy@DOD.mil