

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: 2-5/2-6

269 ARMORY RD.

CLARKSBURG, WV. 26301

Contractor Personnel on Site:

1. Steve Tregear

2. Dawson Hudnall

Work Performed:

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

1. WO# 155227

Service Calls - Service Call Number and Description

1. CSS# 16758

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steve Tregear

Date: 2-6-19

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: 12509 Freeman MICHAEL

Date: 6 FEB 19

Signed: [Signature]

E-Mail: _____