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

FACID/Building: WV006 Date of Visit: 7-15-19

Contractor Personnel on Site:

1. ISG 2. _____

Work Performed:

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

1. WO# 4-6395

Service Calls – Service Call Number and Description

1. CSS# 16041 - Repair 5 Wall Pack lights.
2. CSS# To be replaced under contract per
3. CSS# Eric Ritchie (AFOS).

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 7-15-19

Signed: Andy Bird

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: Salai, LARRY Date: 15 JULY 19

Signed: _____

E-Mail: _____