

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

FACID/Building: WV 010

Date of Visit: 2/13/2019

Contractor Personnel on Site:

1. Robert L. Gifford

2. Carter M. Householder

Work Performed:

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

1. WO# 154360

Service Calls – Service Call Number and Description

1. CSS# 15422
2. CSS#
3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Robert L. Gifford Date: 2/13/2019

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: Thomas, John W. SGT Date: 2/13/2019

Signed: 

E-Mail: john.w.thomas11@mail.mil