

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

FACID/Building: Wv010 Date of Visit: 2/27/2019

Contractor Personnel on Site:

1. Robert L. Gifford 2. \_\_\_\_\_

**Work Performed:**

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

1. WO# 156774

**Service Calls – Service Call Number and Description**

1. CSS# 17227
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Robert L. Gifford Date: 2/27/2019

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. Date: 2/27/2019

Signed: 

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