

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# \_\_\_\_\_

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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.mil@mail.mil