

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: 2/11/19
269 ARMORY RD.
CLARKSBURG, WV. 26301

Contractor Personnel on Site:

1. Roy Runyan 2. Mike Vecchio

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 17639

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

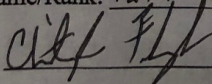
Print Name: Roy Runyan Date: 2-11-19

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: 1LT Flougher, Christopher Date: 11 FEB 19

Signed: 

E-Mail: christopher.j.flougher.mil@mail.mil