

CERTIFICATION OF WORK

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

FACID/Building: WV010 Date of Visit: 12 JUN 19

Contractor Personnel on Site:

1. G-FORCE LOCKE SAFE 2. _____

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 17588 - REPAIR MAN DOOR IN DRILL HALL

2. CSS# _____

3. CSS# _____

 Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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 SGT Date: 6-12-19

Signed: [Signature]

E-Mail: john.w.thomas.11.mil@mail.mil



