

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

FACID/Building: CW014

Date of Visit: 20180707

Contractor Personnel on Site:

1. Steven Tregear 2. _____

Work Performed:

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

1. WO# 15203A

Service Calls – Service Call Number and Description

1. CSS# 14592
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steven Tregear Date: 7/7/18

Signed: STP

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: Lahomma Fowler GS9 Date: 20180707

Signed: Lahomma Fowler

E-Mail: lahomma.d.fowler.civ@mail.mil