

CERTIFICATION OF WORK

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

FACID/Building: Jane Lew WV020 Date of Visit: 4/19/2018

Contractor Personnel on Site:

1. Robert Gifford
2. Carter Househouser

Work Performed:

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

1. WO# 150222

Service Calls – Service Call Number and Description

1. CSS# 131165
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

---

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Robert Gifford Date: 4/19/2018

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: Shane Yokum GS09 Date: 4/19/2018

Signed: 

E-Mail: shane.j.yokum.civ@mail.mil