

CERTIFICATION OF WORK

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

FACID/Building: WV 20 Date of Visit: 6/26/2018

Contractor Personnel on Site:

1. Robert Gifford
2. Carter Householder

Work Performed:

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

1. WO# 150457

Service Calls – Service Call Number and Description

1. CSS# 13165
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Robert Gifford Date: 6/26/2018

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 Date: 6/26/2018

Signed: 

E-Mail: SHANE.J.YOKUM.CIV@MAIL.MIL