

CERTIFICATION OF WORK

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

FACID/Building: Jane Lew Date of Visit: 2/21/19

Contractor Personnel on Site:

1. 1st City Electric - Mark Myers 2. _____

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 14872 - 3 Hdr Lights - wall packs
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ronald P. Nichols Date: 3-22-19

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: Jennifer A Baile Date: 2/21/19

Signed: _____

E-Mail: jennifer.a.baile.ctr@mail.mil

CERTIFICATION OF WORK

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

FACID/Building: Kingwood Date of Visit: 2/15/19

Contractor Personnel on Site:

1. in City Electric - Mark Myers

Work Performed:

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 15543 - 2 exterior lights, wall pack & LED Pole
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ronald P Nichols Date: 3-22-19

Signed: [Signature]

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: Jennifer A Baile Date: 2/15/19

Signed: [Signature]

E-Mail: jennifer.a.baile@etr.comail.mil

CERTIFICATION OF WORK

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

FACID/Building: Kingwood Date of Visit: 2/15/19

Contractor Personnel on Site:

1. W. City Elec. - Mark Myers 2. _____

Work Performed:

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

1. WO# _____


Service Calls - Service Call Number and Description

1. CSS# 160104 - Outdoor Faucets
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

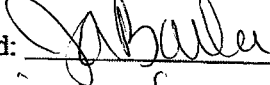
Print Name: Ronald P. Nichols Date: 3-22-19

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: Jennifer A Baile Date: 2-15-19

Signed: 

E-Mail: jennifer.a.baile.ctr@mail.mil