

CERTIFICATION OF WORK

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

FACID/Building: WV020 Date of Visit: 12/21/2018

Contractor Personnel on Site:

1. Steven Tregear 2. _____
Replaced pump coupling

Work Performed:

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

1. WO# 154571

Service Calls – Service Call Number and Description

1. CSS# 15997
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steven Tregear Date: 12/21/2018

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: _____ Date: 12/21/2018

Signed: _____

E-Mail: _____