

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:

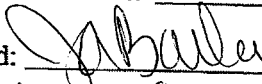
Print Name: Ronald P. Nichols Date: 3-22-19

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