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

FACID/Building: WV031 Date of Visit: 8-23-18

Contractor Personnel on Site:

1. Rick Barker 2. _____

Work Performed:

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

1. WO# (1) 152783 / (2) 152784

Service Calls – Service Call Number and Description

1. CSS# 15021
2. CSS# 15023
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Rick Barker Date: 8-23-18

Signed: Rick Barker

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: Eric Ritchie AFOS Date: 20180823

Signed: E B Ritchie

E-Mail: eric.b.ritchie.ctr@mail.mil

No FTS onsite

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