

CERTIFICATION OF WORK

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

FACID/Building: WV046 Date of Visit: 10-16-18

Contractor Personnel on Site:

1. Derek Jones 2. _____

Work Performed: Replace Bumpers on Loading Dock INITIAL INSPECTION FOR AWOTE

Preventive Maintenance - (Annual, Quarterly, Monthly)
Service Orders - CSS# 15495

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Derek Jones Date: 10/16/18

Signed: T. Brown

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: 1SG Gillenwater, Tim Date: 16 OCT 18

Signed: Timothy Silkewaltas

E-Mail: timothy.n.gillenwalters.civ@mail.mil







