

CERTIFICATION OF WORK

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

FACID/Building: WV044

Date of Visit: 12/18/18

Contractor Personnel on Site:

1. Rick Bucker 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS# 116019 Hose fitting in relief valve. Removed & plumbed correctly.
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Rick Bucker Date: 12/18/18

Signed: Rick Bucker

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: Mary Ann Patterson / SSG Date: 18 Dec 2018

Signed: Aghh

E-Mail: mary.a.patterson1.mil@mail.mil