

CERTIFICATION OF WORK

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

FACID/Building: _____

Date of Visit: 12/5/19

Contractor Personnel on Site:

1. Walter Harty
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. Snakeman FDS
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

Snaked out three floor drains in kitchen area

Work order # 107772

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To be signed by the Contractor:

Print Name: Walter H. H. Date: 12/5/19

Signed: Walter H.

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: SGT Malone, Sarah Date: 20191205

Signed: Sarah

E-Mail: sarah.b.malone.mil@mail.mil