

CERTIFICATION OF WORK

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

FACID/Building: PA166-6B Date of Visit: 2/23/18

Contractor Personnel on Site:

1. Jim McElhinny 2. \_\_\_\_\_

Work Performed:

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

1. WO# 2389 ASSET 7157

Service Calls - Service Call Number and Description

1. CSS# 3/4 WATTS DC FIRE PASS  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim McElhinny Date: 2/23/18

Signed: Jim McElhinny

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: TIMOTHY S PETERS Date: 23 FEB 2018

Signed: Timothy S Peters

E-Mail: timothy.s.peters 3. ctr @ mail.mil



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