

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

FACID/Building: MD 19 Date of Visit: 6/24/2021

Contractor Personnel on Site:

1. Jeremy Sneathen
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

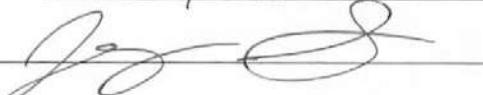
1. Replace Bed Railing L+ lights
2. _____
3. _____

WO # 12767 CSS# 31188

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Sneathen Date: 6/24/2021

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: AUGUSTIN.KENNETH Digitally signed by
.PETER.1043702560 AUGUSTIN.KENNETH.PETER.1043
E-Mail: 702560 Date: 2021.06.28 17:30:31 -04'00'



