

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

FACID/Building: MD 013 Date of Visit: 3-1-22

Contractor Personnel on Site:

- | | |
|-------------------|----------|
| 1. <u>OSCAR M</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

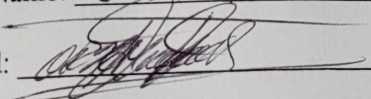
1. FIX THE DOOR ON ELECTRIC ROOM (THE DOOR WAS BENT BECAUSE WIND)
2. INSTALL NEW DOOR SWEEP ON DOOR @ ELECTRIC ROOM
3. _____

WO # 16764 CSS # 34735

CERTIFICATION OF WORK

To be signed by the Contractor:

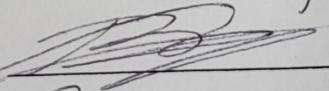
Print Name: OSCAR MENDEZ Date: 3-1-22

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: Mr. Raymond Clay/GS-09 Date: 03/01/2022

Signed: 

E-Mail: Raymond.e.clay@army.mil