

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

FACID/Building: \_\_\_\_\_ MD020 \_\_\_\_\_ Date of Visit: \_\_\_\_\_ 10/3/2018 \_\_\_\_\_

Contractor Personnel on Site:

1. Advanced security	4.
_____	_____
2. _____	5. _____ 00 _____
3. _____	6. _____

**Service Calls – Service Call Number and Description**

1. WO# 5998 CSS# 15657
2. Advanced Security drill out lock on file cabinet
3. \_\_\_\_\_
4. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Rick Hicks \_\_\_\_\_ Date: \_\_\_\_\_ 10/3/2018 \_\_\_\_\_

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: \_\_\_\_\_

E-Mail: \_\_\_\_\_