

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. <u>Advanced security</u> | 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. _____

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: _____