

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

FacID/Building: PAC51-04 Date of Visit: 12/12/18

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Geertgens
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 6510
2. _____
3. _____
4. _____

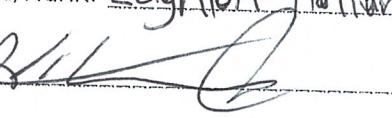
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertgens Date: 12-12-18
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: Leighton Holland Date: _____
Signed: 

E-Mail: _____