

CERTIFICATION OF WORK

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

FACID/Building: Crosslakes WV Date of Visit: 3-29-23

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Keith Pearson</u> | 4. _____ |
| 2. <u>Paul LoRusso</u> | 5. _____ |
| 3. _____ | 6. _____ |

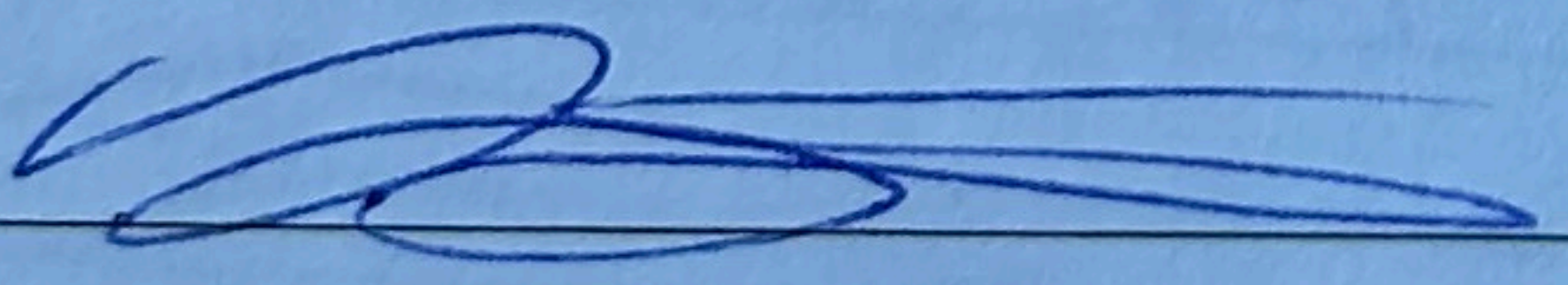
Service Calls – Service Call Number and Description

- | | |
|-----------------------|-------|
| 1. <u>CSS # 91504</u> | _____ |
| 2. <u>WO # 11801</u> | _____ |
| 3. <u>EST # 2181</u> | _____ |

Diagnosed & replaced defective Reader @main Gate
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Keith Pearson Date: 3-29-23

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: _____