

OVER AND ABOVE CERTIFICATION OF WORK

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

CID/Building: WV053

Date of Visit: 12-4-18

Contractor Personnel on Site:

1. Terri Farone

4. _____

2. _____

5. _____

Work Performed: Aut water and houses NOT working.

Over and Above Work – Order Number and Description of Work Completed

CSS# 160531 WO# 6799

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Terri Farone Date: 12-4-18

Signed: Terri Farone

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Donald L. Shawntree Date: 4 Dec 18

Signed: CLB

E-Mail: Donald.L.Shawntree40.civ@mail.mil