

# OVER AND ABOVE CERTIFICATION OF WORK

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

ACID/Building: WV 053

Date of Visit: 12-4-18

Contractor Personnel on Site:

1. Ken Kase

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

Work Performed:

AHU #2 NOT WORKING

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

CSS#

15720

WO#

5907

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

K. Kase

Date:

12-4-18

Signed:

[Signature]

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 Shewalter

Date:

4 DEC 18

Signed:

[Signature]

E-Mail:

DONALD.L.Shewalter4.civ@mail.mil