

DOUG MOORE

CERTIFICATION OF WORK

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

FACID/Building: MD002

Date of Visit: 11/21/19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Doug Moore</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

1. - restore Electrical Function to Vehicle
2. Exhaust System in OMS Building #3
3. _____

WO# 11091 CSS# 21240

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 11/21/19

Signed: [Signature]

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: JFC Robinson Gary Date: 11/21/19

Signed: [Signature]

E-Mail: gary.f.c. robinson 10. mil @ mail. mil

LP3-8

OFF
OPEN
COVER

[illegible][illegible]



Vehicle
Exhaust
Fan - ON
OFF



ON

OFF
OPEN
COVER