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

FACID/Building: MD21 Date of Visit: 1/13/21

Contractor Personnel on Site:

1. Doug Moore
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. wo# 13463, CSS# 28446 - Gas range
2. wo# 13465, CSS# 28444 - work station Table
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 1/13/21

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: Corbett, A SPC Date: 13 Jan 2021

Signed: [signature]

E-Mail: [illegible].1.corbett.mil@mail.mil

AC