

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

FACID/Building: MD066 Date of Visit: 9/8/20

Contractor Personnel on Site:

1. James Harris

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. WO12725

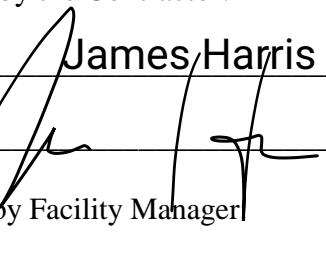
2. _____

3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: James Harris Date: 9/8/20

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: Patrick Donovan Date: 9/8/20

Signed: 

E-Mail: _____