

CERTIFICATION OF WORK

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

FACID/Building: MD014 Date of Visit: 6/13-6/14

Contractor Personnel on Site:

1. Joe Moore
2. Sam Kutz
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

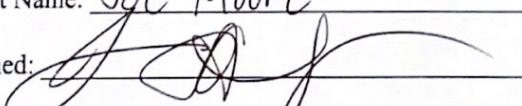
1. Pumped out Mechanical room.
2. Leaked doors
3. _____

WO # 17824 CSS# 973

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joe Moore Date: 6/14/2020

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: _____ Date: _____

Signed: _____

E-Mail: _____