

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. <u>Joe Moore</u> | 4. _____ |
| 2. <u>Sam Kutz</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|---------------------------------------|-------|
| 1. <u>Pumped out mechanical room.</u> | _____ |
| 2. <u>Serviced doors</u> | _____ |
| 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: _____