CERTIFICATION OF WORK

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

FACID/Building: MD002 Date of Visit: 5-27-20, - 5-28-20

Contractor Personnel on Site: 5-29-20, 6-4-20

1. Oscar
2. Bruce
3.
4.
5.
6.

Service Calls – Service Call Number and Description

1. removing vegetation from fencing and
2. repairs fencing
3.

WO# 4371 CSS# 13262

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bruce Olivier Date: 6-4-20

Signed: Bruce Olivier

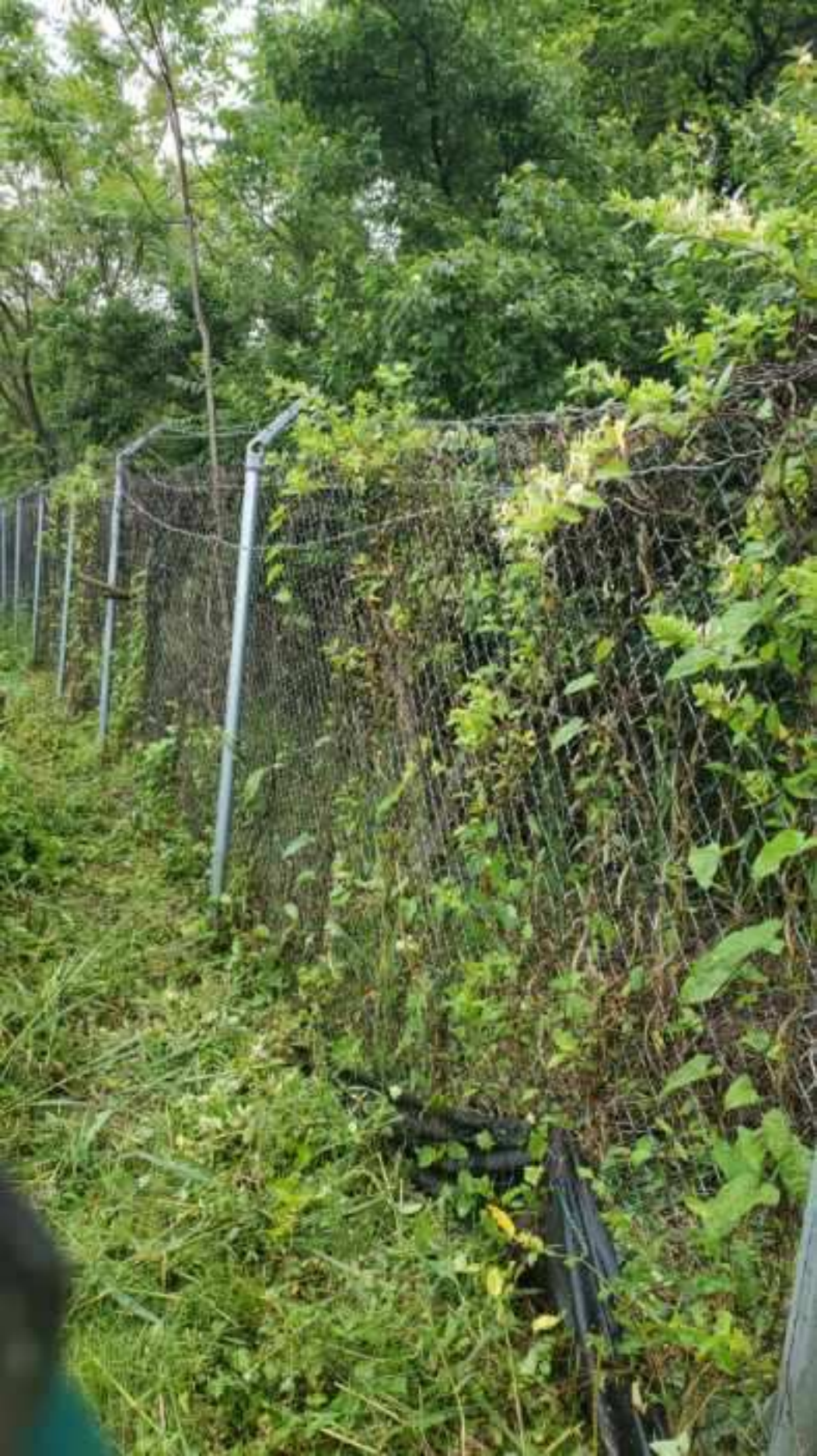
To be signed by Facility Manager:

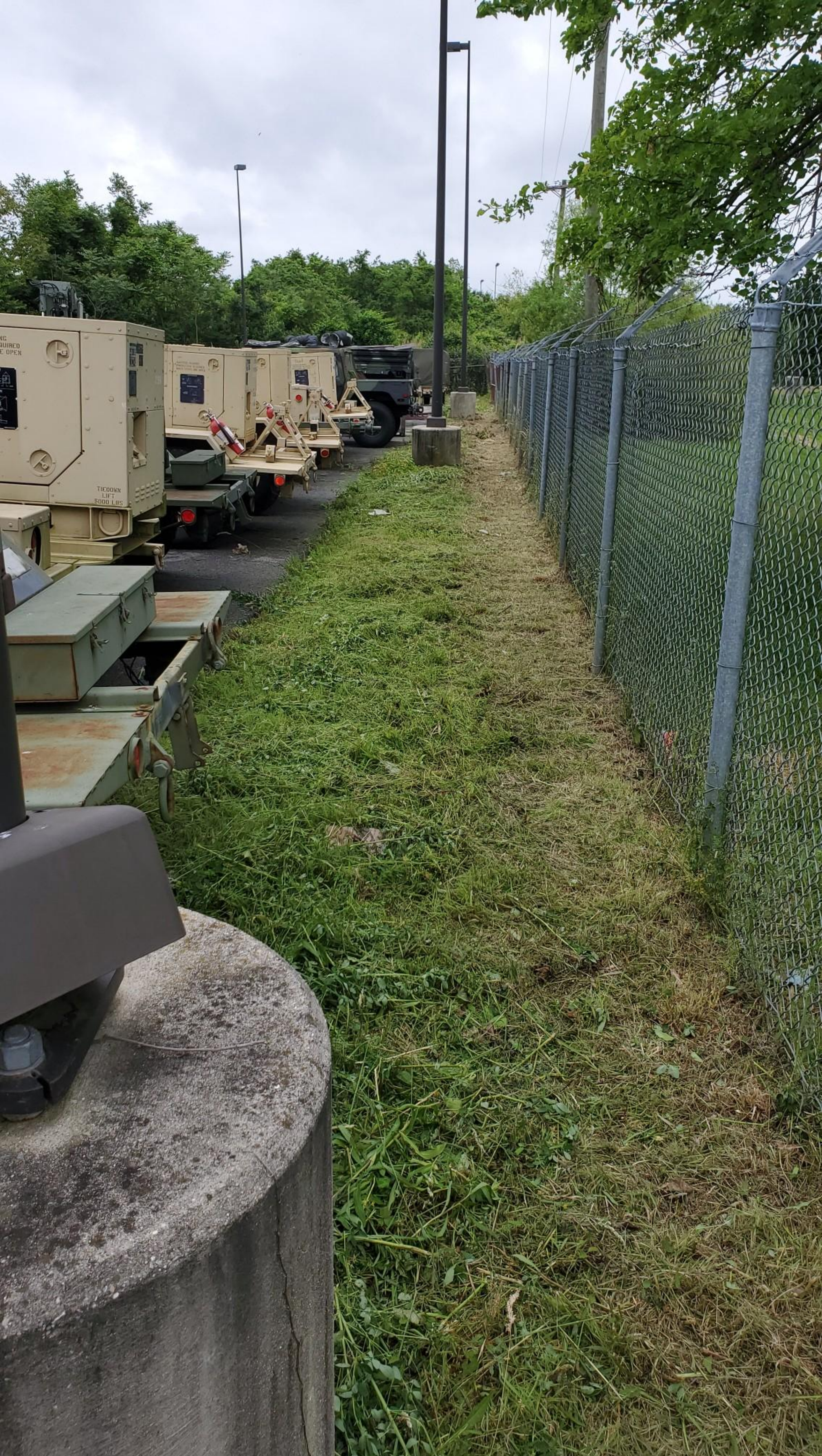
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Porchester/Davis Date: 20200604

Signed:

E-Mail:




TIEDOWN
LIFT
5000 LBS