(To be completed by the Contractor and signed by the Facility Manager)

ACID/Building: M20002 Date of Visit: 7-31-15

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. WO# 5805 remove and repl
2. install new VED
3.

CISS: 14008

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bruce Oliver Date

Signed: Bruce Ol

To be signed by Facility Manager:

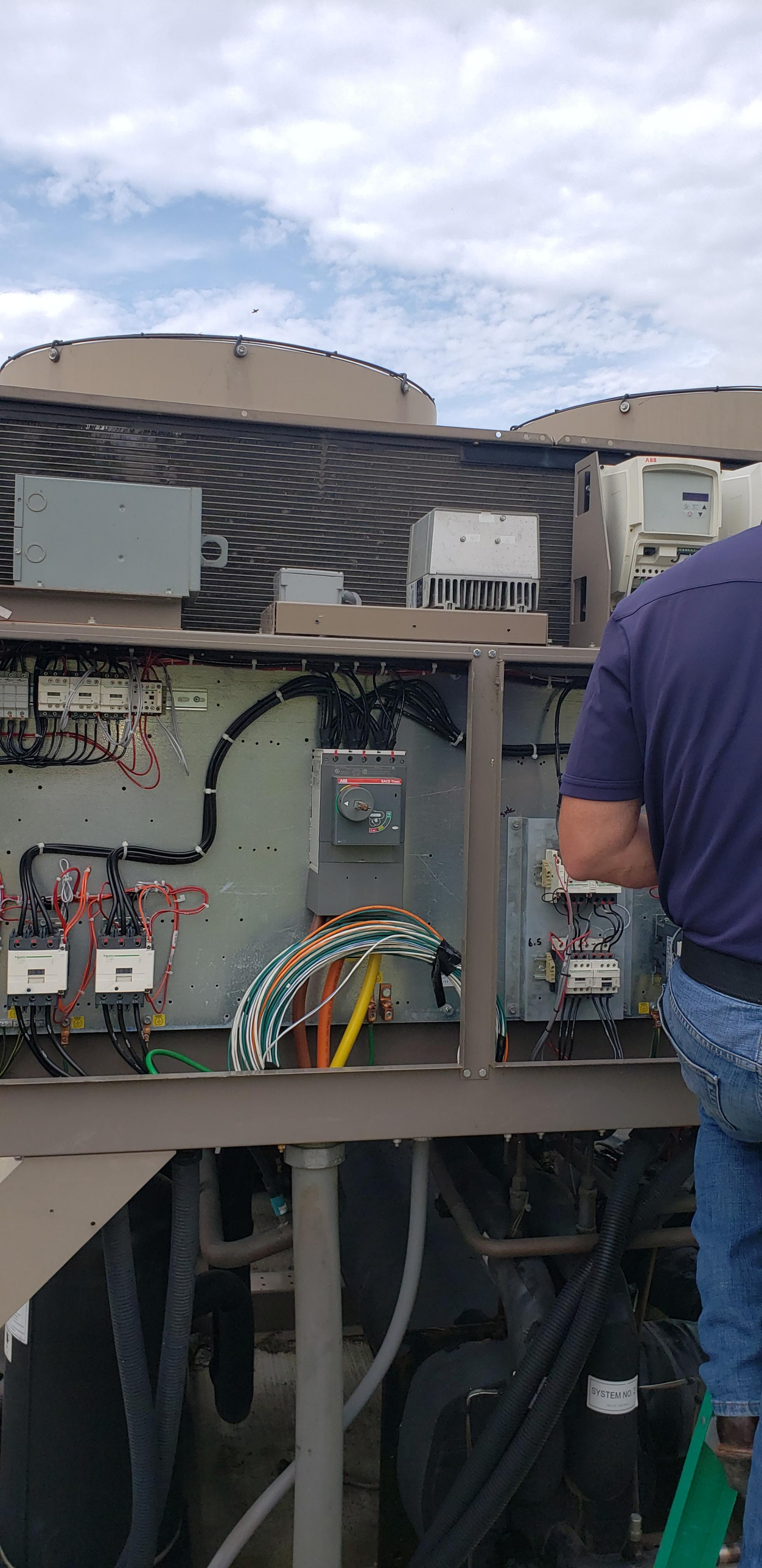
By signing the Certification of Work, the said government represen
constitute acceptance of any work performed by the contractor, it o
contractor was on site during the identified timeline:

Print Name/Rank: SFC LAMONTAGNE Date

Signed:

E-Mail:


ORK
CH-1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