

CERTIFICATION OF WORK

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

FACID/Building: MD03

Date of Visit: 6-14-19

Contractor Personnel on Site:

CSS 16661

WO# 6844

1. Brian Davis

2. _____

3. _____

4. _____

5. _____

6. _____

Service Calls Service Call Number and Description

1. Mens Room location not working

2. _____

3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 6-14-19

Signed: Brian Davis

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: Roderick Daniels / FC Date: 14 June 2019

Signed: Roderick Daniels

E-Mail: _____



