

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

FACID/Building: MD 19 Date of Visit: 1.11.19

Contractor Personnel on Site:

1. <u>Brian Davis</u>	4. _____
2. <u>Sean</u>	5. _____
3. _____	6. _____

Service Calls – Service Call Number and Description

1. <u>Bathtub not working</u>
2. _____
3. <u>CSS 16780 WO 6873</u>

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 1.11.19
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: _____ Date: _____

Signed: _____
Digitally signed by
WILDISAN.KEVIN.PAUL.1235001752
Date: 2019.01.14 14:46:49 -05'00'

E-Mail: Kevin.P.Wildsan.mil@mail.mil





