

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

FACID/Building: MD002 Date of Visit: 5/17

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>Josh Stephenson</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

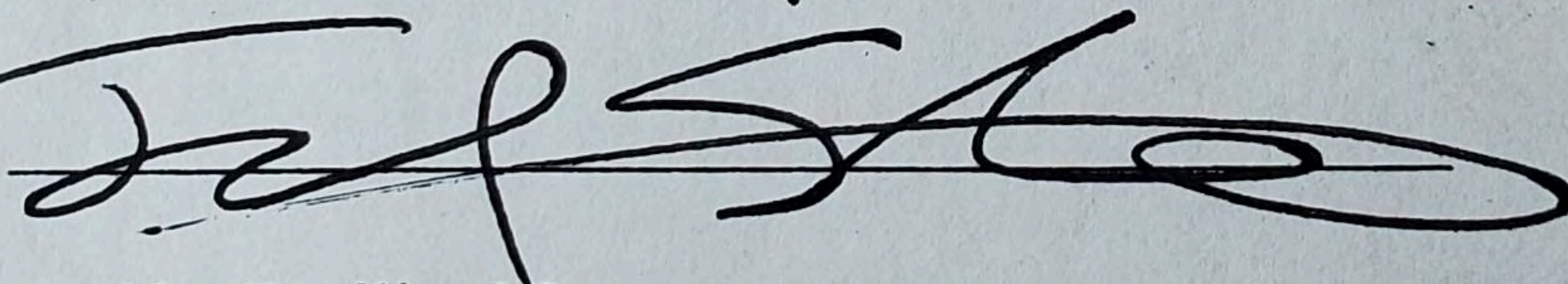
- | |
|-------------------------------------|
| 1. <u>Locate / Repair gas leak,</u> |
| 2. <u>Beckhill.</u> |
| 3. _____ |

w/o # 16944
CSS # _____

CERTIFICATION OF WORK

To be signed by the Contractor:

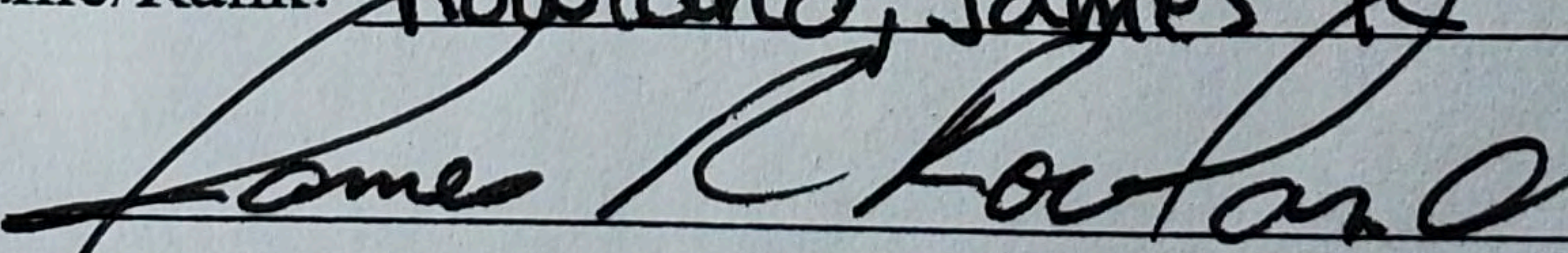
Print Name: Josh Stephenson Date: 5/17

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: Rowland, James B Date: 5/17

Signed: 

E-Mail: james.B.Rowland6.mil@army.mil



