

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

FACID/Building: _____

Date of Visit: 7/14, 7/15, 7/16, 7/17/20

Contractor Personnel on Site:

1. Shawn S3S

2. [Redacted]

3. Bruce S3S

4. _____

5. _____

6. _____

Service Calls – Service Call Number and Description

1. Replaced water Damaged
2. Studs, Sheetrock... Finished
3. f painted to match install.
New Vinyl Cove Base

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palmer

Date: 7/17/20

Signed: [Signature]

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: SFC Rocks

Date: 7/17/20

Signed: [Signature]

E-Mail: _____





