

**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 SS
2. ██████████
3. Brice SS

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. Replaced water Damaged
2. Studs, Sheetrock... Finished
3. Painted to match installed  
New Vinyl Cove Base

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name:

Signed:

Shawn Palmer

Date:

7/17/20

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 Rooks

Date:

7/17/20

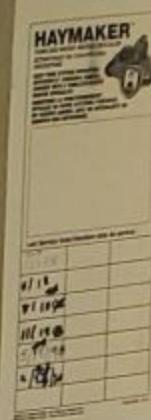
Signed:

Taylor Rooks

E-Mail:

\_\_\_\_\_





DOMESTIC COLD WATER

DOMESTIC HOT WATER

