

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

FACID/Building: MJ oe3 Date of Visit: 12/20/19

Contractor Personnel on Site:

1. Devin M
2. Casey D
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WO# 9003 AC unit Zone C
2. _____
3. Complete Install

WO# _____ CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey Davis Date: 12/20/19

Signed: Casey 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 S. Daniels Date: 20 DEC 2019

Signed: R.S. Daniels

E-Mail: roderick.s.daniels,ow, @ mail.mil

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