

## CERTIFICATION OF WORK

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

FACID/Building: MD002 Date of Visit: 10/23/19

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>Doug Moore</u> | 4. _____ |
| 2. _____             | 5. _____ |
| 3. _____             | 6. _____ |

## Service Calls – Service Call Number and Description

- |   |
|---|
| 1. <u>WO#10592, CSS #20482</u>            |
| 2. <u>replace cooler 3 fan in kitchen</u> |
| 3. _____                                  |

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 10/23/19Signed: Doug Moore

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: Hatler, ABT ( Date: 20191023

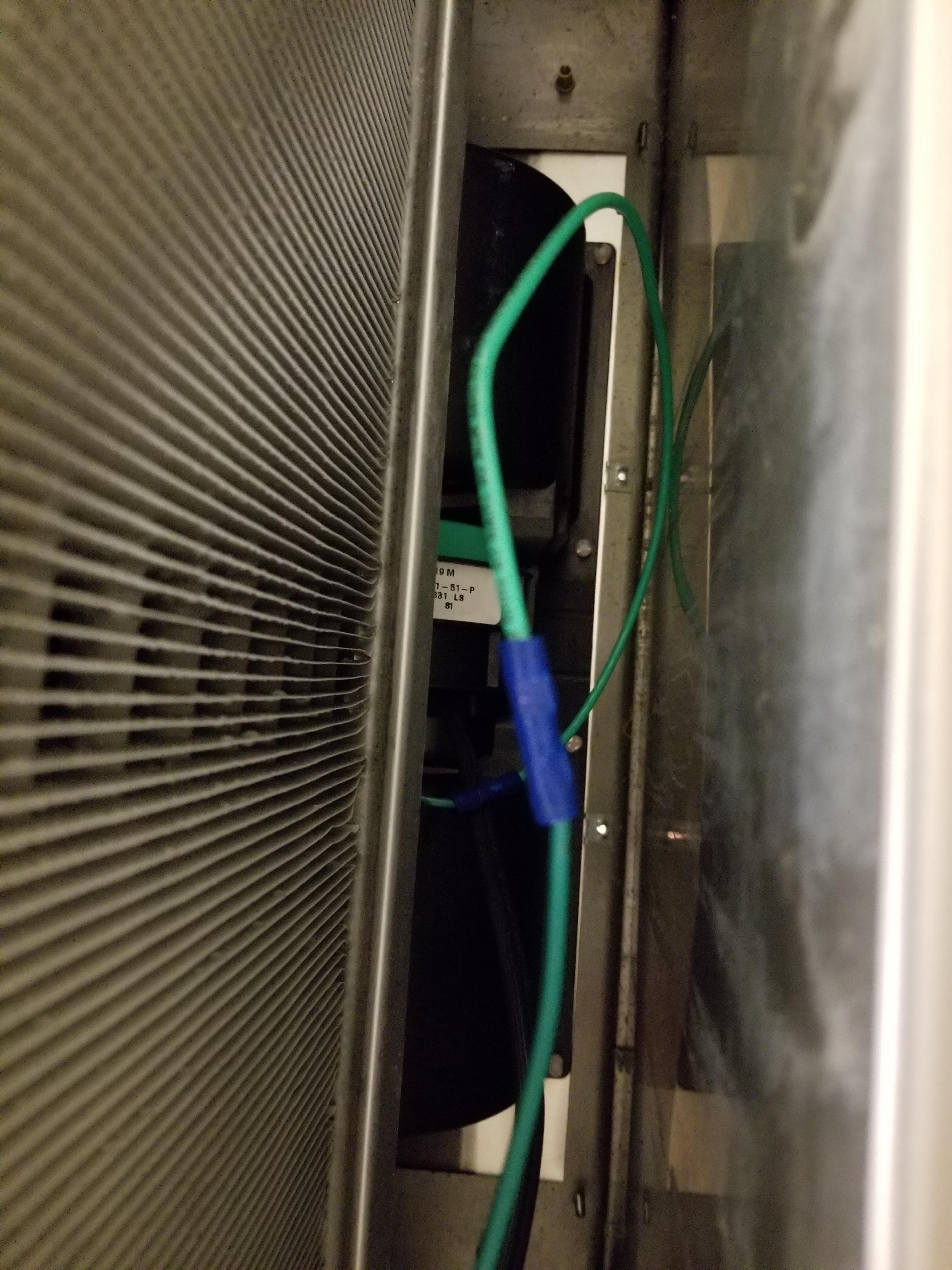
Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_









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531 L8  
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