

DOUG MOORE

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. Doug Moore
2. _____
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WO#10592, CSS #20482
2. replace cooler 3 fan in kitchen
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore

Date: 10/23/19

Signed: 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: Haller, Doug

Date: 20190023

Signed: LL

E-Mail: _____



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1-51-P
631 L8
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