

CERTIFICATION OF WORK

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

FACID/Building:

MD002

Date of Visit:

8/19/20

Contractor Personnel on Site:

1. CASEY DAVIS

4.

2.

5.

3.

6.

Service Calls – Service Call Number and Description

1. WO# 11765 CS# 20482 Repair Freezer

2.

3.

CERTIFICATION OF WORK

To be signed by the Contractor:

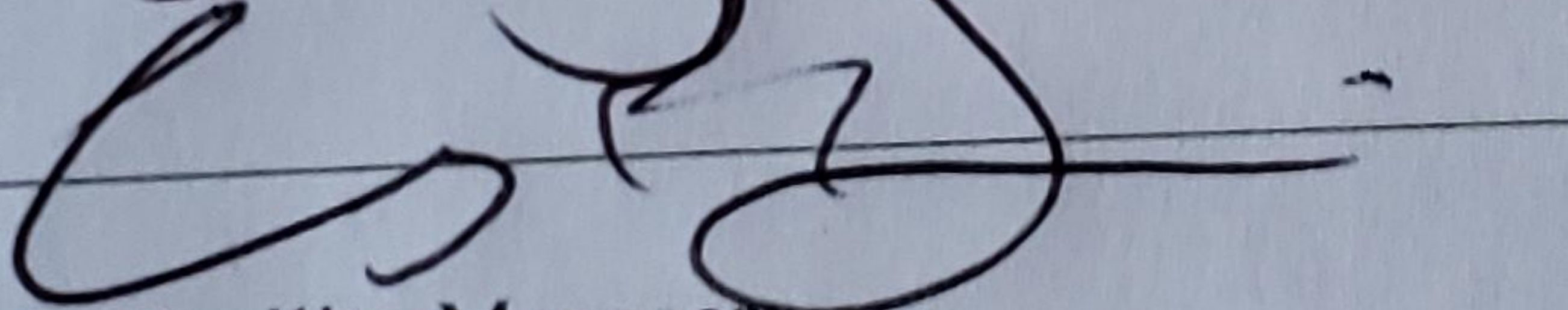
Print Name:

Casey Davis

Date:

8/19/20

Signed:



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:

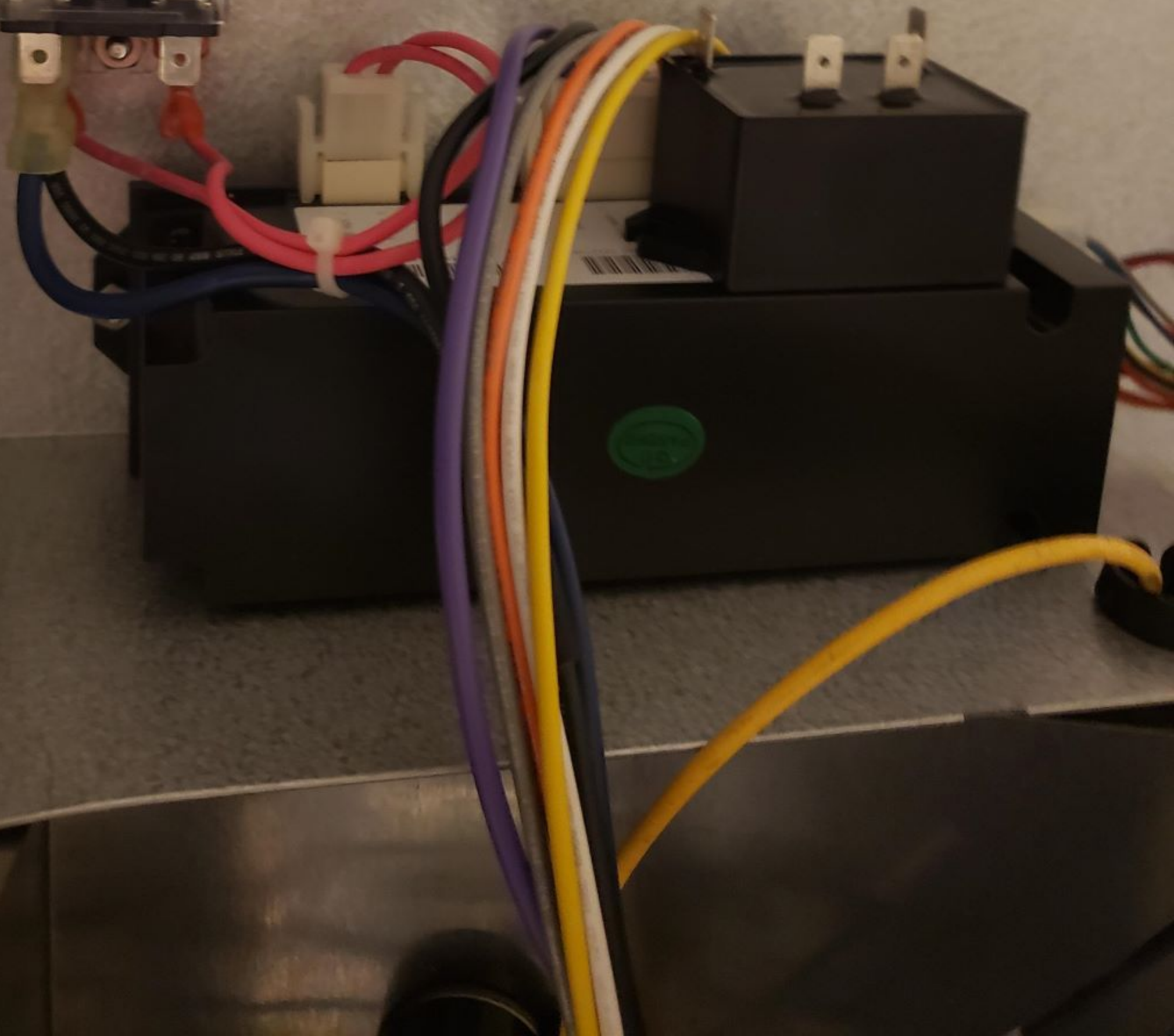
Print Name/Rank:

Date:

Signed:

E-Mail:

Staff Is Not Available to Sign Coew.
POC not on site (network down)



3

