

CERTIFICATION OF WORK

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

FACID/Building: MD 002

Date of Visit: 12-2-19

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Joe Moore</u>    | 4. _____ |
| 2. <u>Bruce Oliver</u> | 5. _____ |
| 3. _____               | 6. _____ |

Service Calls – Service Call Number and Description

- |                                                      |
|------------------------------------------------------|
| 1. <u>CSS 21090 W.O. 11407, straighten gate pole</u> |
| 2. _____                                             |
| 3. _____                                             |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 12-2-19

Signed: Joseph 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: SFC Stephens, Lemix Date: 12-2-19

Signed: [Signature]

E-Mail: lennox.a.stephens.mil@mail.mil







