

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

FACID/Building: M0 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, Leonix Date: 12-2-19
Signed: Leonix
E-Mail: leonix.a.stephens.mil@mail.mil



