

CERTIFICATION OF WORK

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

FACID/Building: DE002

Date of Visit: 6/1/20

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Shawn S/S</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|------------------------------------|
| 1. <u>Secured Chain link Fence</u> |
| 2. <u>Barbed wire brackets</u> |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palmer Date: 6/1/20

Signed: Shawn Palmer

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: John Doyle

E-Mail: _____

