

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. Shawn SJS
2. _____
3. _____

4. _____
5. _____
6. _____

Service Calls - Service Call Number and Description

1. Secured Chain link Fence
2. _____
3. Barbed Wire Brackets

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palmer

Date: 6/1/20

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: _____

