

CERTIFICATION OF WORK

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

FACID/Building: DE002

Date of Visit: 6/24/20

Contractor Personnel on Site:

1. Shawn S. S.
2. Joe
3. _____

4. _____
5. _____
6. _____

Service Calls - Service Call Number and Description

1. weld Bsn Bed wide BRACKETS
2. to fence Post's
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palmer Date: 6/24/20

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: Joseph P. Wolfe Date: 26 June 2020

Signed: Joseph P. Wolfe

E-Mail: _____



