

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 SSS
2. JOE
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Calls - Service Call Number and Description,

1. Weld Barbed Wire Brackets
2. to fence posts
3. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: Joseph P. Wolk Date: 28 June 20

Signed: Joseph P. Wolk

E-Mail: \_\_\_\_\_







