

CASEY DAVIS

CERTIFICATION OF WORK

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

FACID/Building: MD 003

Date of Visit: 11/25/2019

Contractor Personnel on Site:

1. CASEY DAVIS

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. WO# 11073 CSS # 214/941

2. _____

3. A/C Unit Repair - Room 117

MR Daniels office
Computers installed - Complete

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CASEY DAVIS

Date: 11/25/2019

Signed: [Signature]

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: RODERICK S. DANIELS Date: 25 NOV 2019

Signed: [Signature]

E-Mail: roderick.s.daniels.am@mail.mil

