

CERTIFICATION OF WORK

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

FACID/Building: DE 007 Date of Visit: 7/13/20

Contractor Personnel on Site:

1. Joe Moore
2. Sam Kutz
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. W.O. 11252 CSS 21501 - replace parking blocks
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 7/13/20
Signed: Joseph Moore

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: _____



