

CERTIFICATION OF WORK

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

FACID/Building: MD002 Date of Visit: OCT 9, 2019

Contractor Personnel on Site:

- | | |
|-----------------|----------|
| 1. <u>CHRIS</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

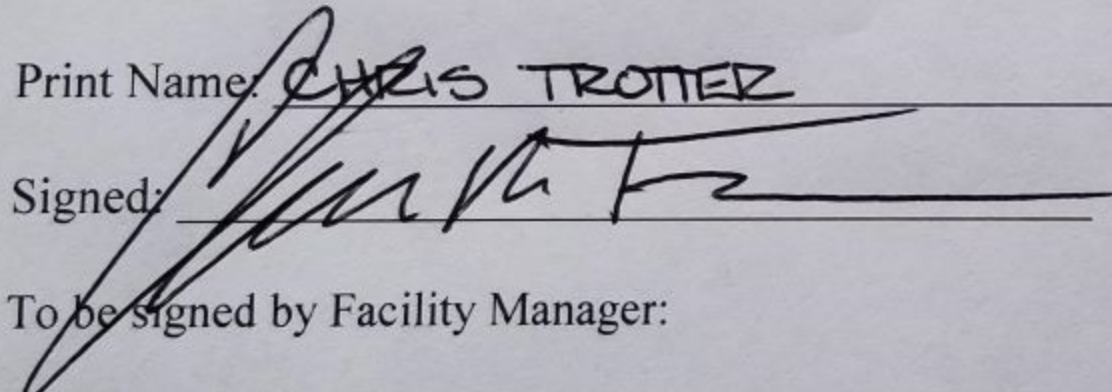
Service Calls – Service Call Number and Description

- | | |
|-----------------------|----------------------------|
| 1. <u>W.O.# 11094</u> | <u>PUMP OUT SEWER TANK</u> |
| 2. <u>CSS# 21734</u> | _____ |
| 3. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 10/09/19

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: SFCannon, Philip Date: 10/09/19

Signed: 

E-Mail: philip.d.cannon.mt@mail.mil







SEWAGE ONLY

scardina

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