

MOORE

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

FACID/Building: MD002

Date of Visit: 11/13/19

Contractor Personnel on Site:

1. Doug Moore
2. Joe Moore
3. Shawn P.

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WO# 11098, CSS# 21799 - No power to OMS Building
2. _____
3. _____

WO# _____ CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 11/13/19

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: Brian Wharton / GS11 Date: 11/13/19

Signed: [Signature]

E-Mail: Brian.w.wharton.civ@mail.mil





17 SQUARE D

RP3
21 23 24

PUMVENTS

EXIT