

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

FACID/Building: MD 002

Date of Visit: 11/6/19

Contractor Personnel on Site:

1. Doug Moore
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WO# 11248, CSS# 22093 - Mail room ceiling Job Walkthru
2. WO# 11245, CSS# 22037 - Johnson Controls CETS run
3. _____

WO# _____ CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 11/6/19

Signed: Doug 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: Brian W. Harton / 6511 Date: 11/6/19

Signed: Brian W. Harton

E-Mail: Brian.W.Wharton.civ@mail.mil

Johnson
Controls





