

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

FACID/Building: M. 0002

Date of Visit: 10-1-20 - 10-2-20 - 10-7-20

Contractor Personnel on Site:

1. OSCAR M
2. _____
3. _____

4. _____
5. _____
6. _____

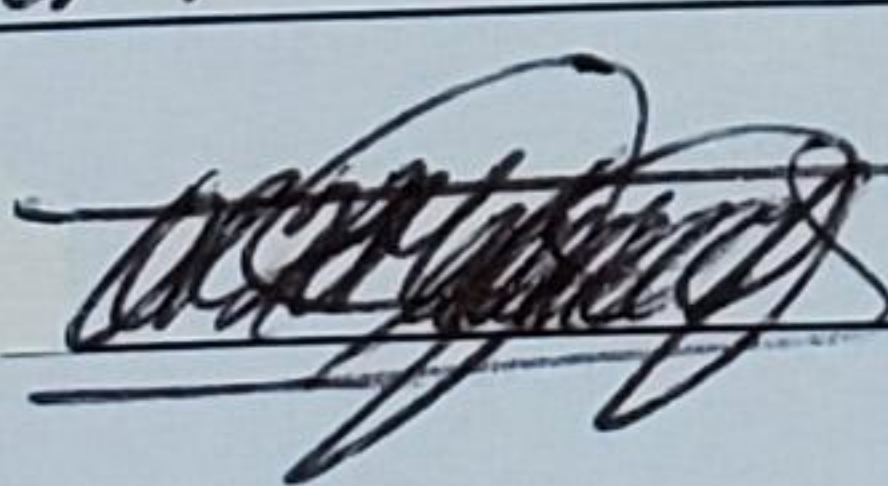
Service Calls – Service Call Number and Description

1. W/011248, INSTAL NEW HEAT TRADE, INSULATION ON SPRINKLER PIPE.
2. PATCH PREP AND PAINT CEILING @ MAIL ROOM
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

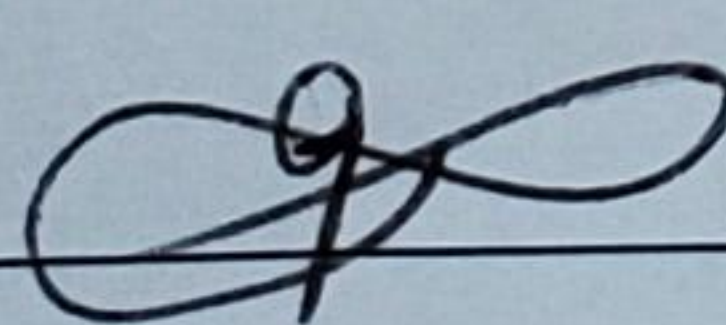
Print Name: OSCAR M Date: 10-7-20

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: SGT Moore Date: 10/7/20

Signed: 

E-Mail: clifton.j.moore@mail.mil













