

CASEY DAVIS

CERTIFICATION OF WORK

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

FACID/Building: M0002 Date of Visit: 5/26/20

Contractor Personnel on Site:

- | | |
|-------------------|----------|
| 1. <u>Casey D</u> | 4. _____ |
| 2. <u>Doug M</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|------------------------------|----------------------|
| 1. <u>WO# 10/26</u> | <u>CSS# 22353</u> |
| 2. _____ | _____ |
| 3. <u>Pole Lights Repair</u> | <u>Building 0001</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____

Date: 5/26/20

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: Jason Lamontagne

ST-C

Date: 5/26/20

Signed: _____

E-Mail: Jason.C.Lamontagne.mil@ma.l.mil

