

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. Casey D
2. Doug M
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WO# 10126 CSS# 22353
2. _____
3. Pole lights Repair Building 0001

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey D Date: 5/26/20

Signed: Casey D

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: JL

E-Mail: Jason.C.Lamontagne.mil@mail.mil

