

CERTIFICATION OF WORK

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

FACID/Building: MD003

Date of Visit: 8/6/20

Contractor Personnel on Site:

1. Doug Moore

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. E-stop install for Boiler Rooms 1 and 2

2. _____

3. _____

#WD 11294

CSS# 22490

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore

Date: 8/6/20

Signed: Dg 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: SGT Nicholas R Cruz

Date: 20200806

Signed: Nicholas R Cruz

E-Mail: _____





