

CERTIFICATION OF WORK

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

FACID/Building: MD 019

Date of Visit: 6-24-20

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Joe Moore</u> | 4. _____ |
| 2. <u>Shawn Palmer</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|-------------------------------------------------------------|
| 1. <u>repair fence / barbed wire w.o. 11451 ccs # 22761</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 6/24/20

Signed: Joseph 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: 1LT Margaret Carnegie Date: 6/24/20

Signed: Margaret Carnegie

E-Mail: margaret.i.carnegie.mil@mail.mil







