

CERTIFICATION OF WORK

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

FACID/Building: DE 002

Date of Visit: 11/23/2020

Contractor Personnel on Site:

1. Brian Davis

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. Bolton scale - cleaned Boltons and checked

2. operation.

3. _____

WO# 11431 CS# 22800

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 11/23/2020

Signed: [Signature]

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: VASON GAVIN

AFOS

Date: 11/23/2020

Signed: [Signature]

E-Mail: _____



