

CASEY DAVIS

CERTIFICATION OF WORK

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

FACID/Building: MD003

Date of Visit: 9/11/20

Contractor Personnel on Site:

1. Casey Davis
2. _____
3. _____

4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. WOT# 11441 CSS 22942
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey Davis

Date: 9/11/20

Signed: Casey Davis

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: Whitehead, Tyke Date: 9/11/20

Signed: Tyke Whitehead

E-Mail: tyke.q.whitehead.mil@mail.mil



