

CASEY DAVIS

CERTIFICATION OF WORK

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

FACID/Building: IND003 Date of Visit: 9/11/20

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Casey Davis</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|-------------------------------|
| 1. <u>WO# 11441 CSS 22942</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casey Davis Date: 9/11/20
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: Whitehead, Tyke Date: 9/11/20

Signed: [Signature]
E-Mail: tyke.q.whitehead.mil@mail.mil



