

CERTIFICATION OF WORK

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

FACID/Building: MDO05 Date of Visit: 1/8/2020

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. 11472/22994 - Reset BUS, checked good
2. 11420/22669 - Opened valves to allow water to flow through
3. _____

WO# _____ CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 1. 8. 2020

Signed: 

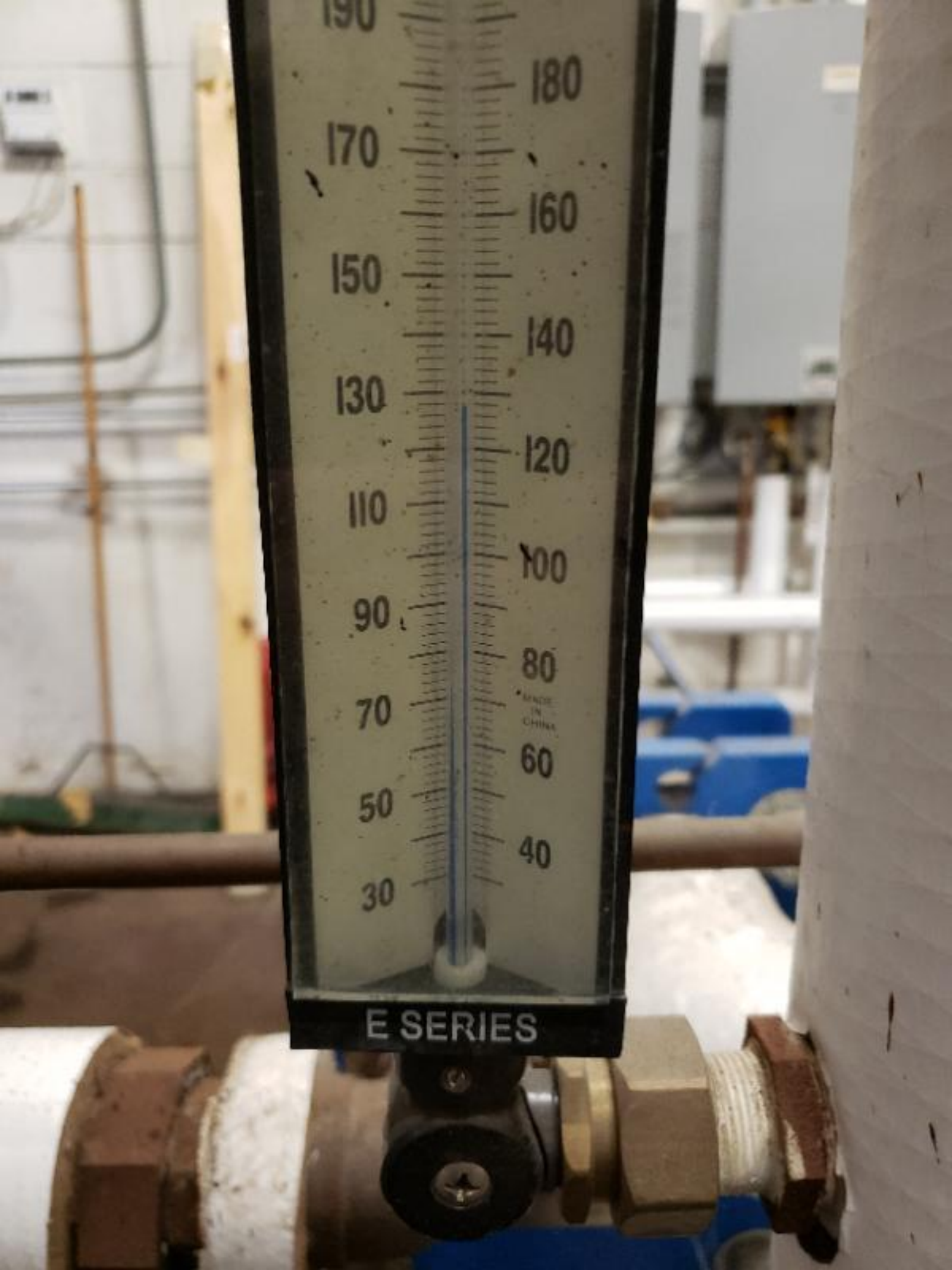
To be signed by Facility Manager:

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: Ken Augustin Date: 13 JAN 2020

Signed: _____ 

E-Mail: kenneth.p.augustin.civ@mail.mil



E SERIES

