

CERTIFICATION OF WORK

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

FACID/Building: MD0241 Date of Visit: 7/22/20

Contractor Personnel on Site:

- | | |
|-------------------|----------|
| 1. <u>Doug M</u> | 4. _____ |
| 2. <u>Casus D</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|--------------------------------|
| 1. <u>Work 11571 CSS 23285</u> |
| 2. _____ |
| 3. <u>Pole lights repair</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Casus Dair Date: 7/22/20

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: Richard G. Geyten Date: 20200728

Signed: [Signature]

E-Mail: richard.s.geyten.civ@mail.mil





