



CERTIFICATION OF WORK

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

FACID/Building: MDO2 Date of Visit: 9/3/28

Contractor Personnel on Site:

- | | |
|----------------------|----------------------|
| 1. <u>Shawn Siss</u> | 4. <u>WO # 11552</u> |
| 2. <u>Josh</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | | |
|----------------------------|-------|
| 1. <u>Replaced Heaters</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palmer Date: 9/3/28

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: _____ Date: 20200903

Signed: _____

E-Mail: James.R.Rowland@emil@mail.mil