

DOUG MOORE

Empl
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* On Call Week *

Weekly Time Sheet

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)FACID/Building: MP002Date of Visit: 12/23/20

Contractor Personnel on Site:

1. Doug Moore
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. check panels for labeling and schedules
2. - Panel M2 in MECH room had missing
3. Panel schedule

WO # 11741CSS # 23597

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore Date: 12/23/20Signed: [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: Huelle Chris Date: 12/23/20Signed: [Signature]

E-Mail: _____

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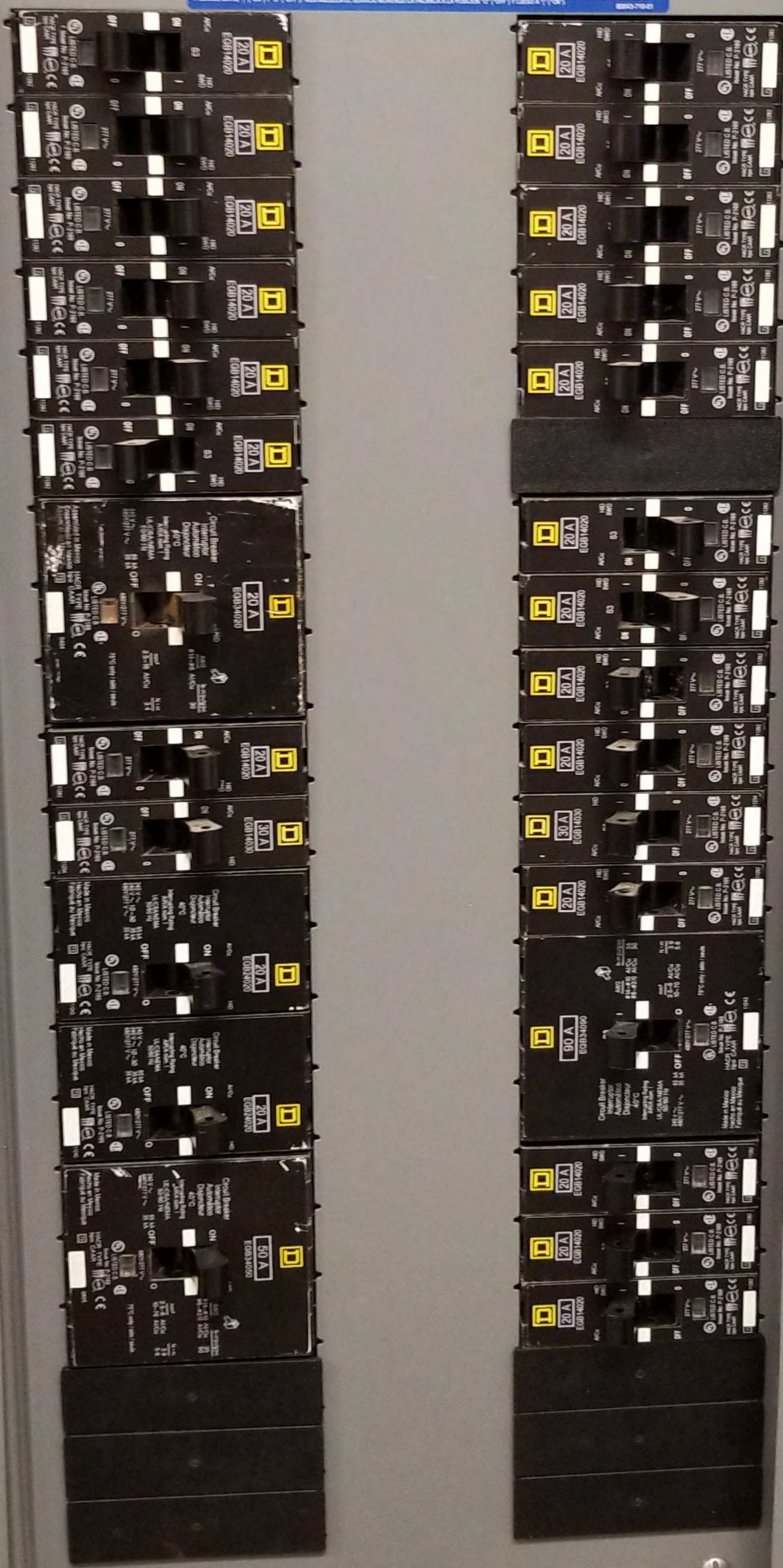
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M2

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TYPE 1 ENCLOSURE
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MADE IN USA

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⚠ DANGER

⚠ PELIGRO

⚠ DANGER

⚠ WARNING

⚠ ADVERTENCIA

⚠ AVERTISSEMENT