

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

FACID/Building: MDOOS

Date of Visit: ~~March 20~~ 3/4/20

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Doug Moore</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

1. 2 Lights in Mechanical room not working
2. - Need (8) T8 bulbs and (2) 120v 4 Lamp Ballast, 10' Ladder
3. _____

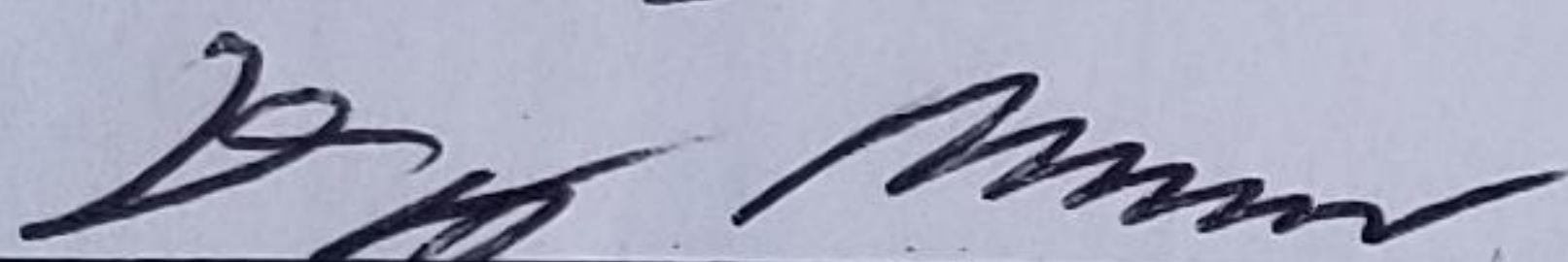
WO# 11751 CSS# 23598

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore

Date: ~~March 20~~ 3/4/20

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: Hewlett

Date: ~~March 20~~ 3/4/20

Signed: 

E-Mail: _____



