

CERTIFICATION OF WORK

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

FACID/Building: MDOOS

Date of Visit: 3/4/20

Contractor Personnel on Site:

1. Doug Moore
2. _____
3. _____

4. _____
5. _____
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# 23518

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Doug Moore

Date: 3/4/20

Signed: Doug Moore

3/4/20

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: H. Walker

Date: 3/4/20

Signed: [Signature]

3/4/20

E-Mail: _____



