

CERTIFICATION OF WORK

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

FACID/Building: MD02

Date of Visit: 9/22/20

Contractor Personnel on Site:

- |                 |            |                     |
|-----------------|------------|---------------------|
| 1. <u>Shawn</u> | <u>S3S</u> | 4. <u>WO# 12027</u> |
| 2. <u>Joe</u>   | <u>S3S</u> | 5. _____            |
| 3. _____        | _____      | 6. _____            |

Service Calls – Service Call Number and Description

- |                        |               |                      |
|------------------------|---------------|----------------------|
| 1. <u>STRAIGHTENED</u> | <u>UP</u>     | <u>FENCE POSTS</u>   |
| 2. <u>+</u>            | <u>BANDED</u> | <u>WIRE BRACKETS</u> |
| 3. _____               | _____         | _____                |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Shawn Palmer

Date:

9/22/20

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:

GREG LEE

Date:

20/09/22

Signed:

[Signature]

E-Mail:

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