

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. Shawn SJS
2. Joe SJS
3. _____
4. W0# 12027
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Straightened Up Fence Posts
2. + Barred Wire Brackets
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Palmer Date: 9/22/20

Signed: Shawn Palmer

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: 6130, L12 Date: 20/04/22

Signed: JM

E-Mail: _____





