

CERTIFICATION OF WORK

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

FACID/Building: MD002 Date of Visit: 10-6-20

Contractor Personnel on Site:

- |                 |          |
|-----------------|----------|
| 1. <u>Bruce</u> | 4. _____ |
| 2. <u>Oscar</u> | 5. _____ |
| 3. _____        | 6. _____ |

Service Calls – Service Call Number and Description

- |                                    |
|------------------------------------|
| 1. <u>replace damaged bollard.</u> |
| 2. _____                           |
| 3. _____                           |

WO# 11274 CSS# 23758

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bruce Oliver Date: 10-6-20

Signed: Bruce Oliver

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: \_\_\_\_\_ Date: 2020/10/06

Signed: [Signature]

E-Mail: \_\_\_\_\_















