

CERTIFICATION OF WORK

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

FACID/Building: m1002 Date of Visit: 10-6-20

Contractor Personnel on Site:

1. Bruce
2. Oscar
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. replace damaged bollard.
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: 2020/000

Signed: M. Miller

E-Mail: _____







