

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

FACID/Building: MD 003 Date of Visit: 6/1/21

Contractor Personnel on Site:

1. Joe Moore
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. W.O. # 11573, CSS 23831, replace lid on grave trap
2. _____
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 6/1/21

Signed: Joseph Moore

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: Brett K. Fry, SFC Date: 6/1/21

Signed: Brett K. Fry

E-Mail: brett.k.fry@mail.mil



