

CERTIFICATION OF WORK

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

FACID/Building: VA-050

Date of Visit: 1-8-21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Keith Pearson</u> | 4. _____ |
| 2. <u>Chris DeNike</u> | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

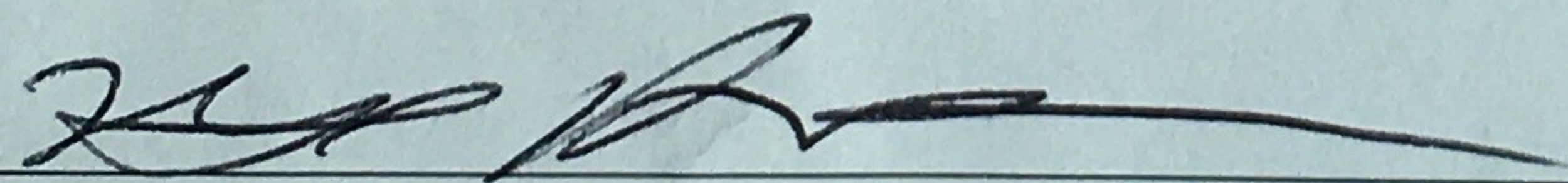
1. EST- 1687
2. CSS- 24240
3. WO- 11954

Replaced Non-Functional BUR with New
Programmed, tested, Demonstrated
Cleaned, Adjusted & Re-focused Cameras

CERTIFICATION OF WORK

To be signed by the Contractor:

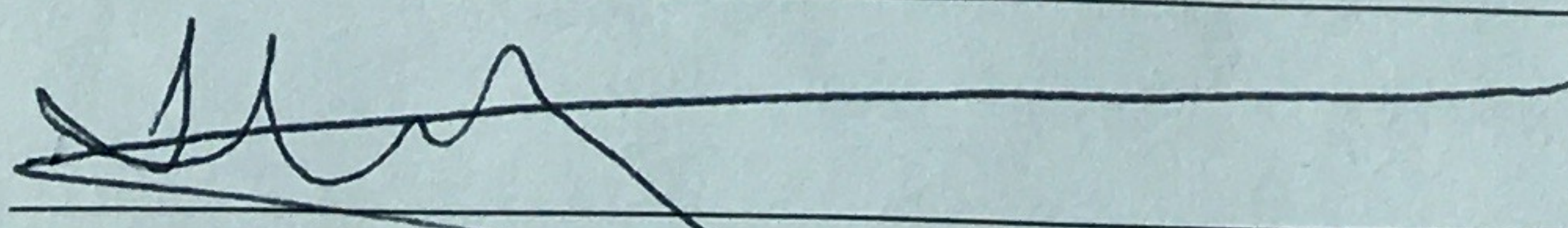
Print Name: Keith Pearson Date: 1-8-21

Signed: 

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: CPT T Friend Date: 1-8-21

Signed: 

E-Mail: thessolonia.m.friend.mil@mail.mil



